


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90002 032 ****70.00

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|---|---|--|--|---|--|
| DOCUMENT # N04000002481 | | | |  | |
| 1. Entity Name WHISPERING WHISKERS, INC. | | | | | |
| Principal Place of Business 4650 SE 14TH TERRACE BUSHNELL, FL 33513 | | | Mailing Address 4650 SE 14TH TERRACE BUSHNELL, FL 33513 | | |
| 2. Principal Place of Business 4650 SE 14th Terrace Suite, Apt. #, etc. | | | 3. Mailing Address 4650 SE 14th Terrace Suite, Apt. #, etc. | | |
| City & State Bushnell FL | | City & State Bushnell FL | | 4. FEI Number EIN 51-0499114 | |
| Zip 33513 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LARKIN, VANESSA 4650 SE 14TH TERRACE BUSHNELL, FL 33513 | | | 7. Name and Address of New Registered Agent Name: Vanessa Larkin Street Address (P.O. Box Number is Not Acceptable): 4650 SE 14th Terrace City: Bushnell FL Zip Code: 33513 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <u>Vanessa Larkin, President</u> <u>Vanessa Larkin</u> <u>1/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25. Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHAMP, DARREN 4650 SE 14TH TERRACE BUSHNELL, FL 33513 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOZLOW, DANIEL 6015 GREEN BOULEVARD NAPLES, FL 34116 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Daniel Kozlow 4650 SE 14th Terrace BUSHNELL, FL 33513 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LARKIN, VANESSA 4650 SE 14TH TERRACE BUSHNELL, FL 33513 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAWTHARD, JAMES W 41421 HORSESHOE ROAD PUNTA GORDA, FL 33982 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director James W. Cawthard 4650 SE 14th Terrace Bushnell, FL 33513 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Vanessa Larkin 1/9/05

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01052005 Chg-NP CR2E037 (10/03)