

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002481

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: WHISPERING WHISKERS, INC.

**Current Principal Place of Business:**

4650 SE 14TH TERRACE  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

4650 SE 14TH TERRACE  
BUSHNELL, FL 33513

**New Mailing Address:**

FEI Number: 51-0499114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARKIN, VANESSA  
4650 SE 14TH TERRACE  
BUSHNELL, FL 33513 US

**Name and Address of New Registered Agent:**

SHAMP, VANESSA L  
4650 SE 14TH TERRACE  
BUSHNELL, FL 33513 US

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.

SIGNATURE: VANESSA L SHAMP

01/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHAMP, DARREN  
Address: 4650 SE 14TH TERRACE  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: KOZLOW, DANIEL  
Address: 4650 SE 14TH TERRACE  
City-St-Zip: BUSHNELL, FL 33513

Title: P ( ) Delete  
Name: LARKIN, VANESSA  
Address: 4650 SE 14TH TERRACE  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: CAWTHARD, JAMES W  
Address: 4650 SE 14TH TERRACE  
City-St-Zip: BUSHNELL, FL 33513

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SHAMP, VANESSA L  
Address: 4650 SE 14TH TERRACE  
City-St-Zip: BUSHNELL, FL 33513

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANESSA L SHAMP

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date