

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000027730

Entity Name: WHISENANT, INC.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19725 STATE RD. 62  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 207  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 65-0998490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHISENANT, ROBERT B  
4511 PINFISH LANE  
PALMETTO, FL 34220 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WHISENANT, BLAKE  
Address: 19725 STATE RD. 62  
City-St-Zip: PARRISH, FL 34219

Title: D  
Name: WHISENANT, ROBERT B JR.  
Address: 4511 PINFISH LANE  
City-St-Zip: PALMETTO, FL 34220

Title: D  
Name: DEGREEF, MARY  
Address: 19715 STATE RD 62  
City-St-Zip: PARRISH, FL 34219

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY DE GREEF

D

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date