


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000074491 1. Entity Name WHISNANT, INC.	
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Principal Place of Business 5527 US HWY 98 N. LAKELAND, FL 33809	Mailing Address 5527 US HWY 98 N. LAKELAND, FL 33809
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3662411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHISNANT, DAVID W 6851 HUNTINGTON HILLS BLVD. LAKELAND, FL 33810

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHISNANT, DAVID W 6851 HUNTINGTON HILLS BLVD. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS WHISNANT, DAVE A 1259 LAKE DEESON POINT LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHISNANT, DEBORAH L 6851 HUNTINGTON HILLS BLVD. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>11000000277414 03/26/05-80028-010 150.00</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. WHISNANT 1-5-05 863-859-9980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #