## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2006 08;00 Al

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DOCUMENT # P01000071881  1. Entity Name WHIDDON & WHIDDON ENTERPRISES, INC.					Secretary of State		
MUDDOM 8	WHIDDON ENTERPRISE	5, INC.					
Principal Place of I 300 W. NEW MAR IMMOKALEE, FL	rket <b>rd</b>	Mailing Address P.O. BOX 694 FELDA, FL 33930					
	NOT WRITE I		CE	03172006 4. FEI Numb 65-112			
6. Name and Address of Current Registered Agent							
WHIDDON, WANDA W 2940 CR 830 COMMUNITY FELDA, FL 33930			DO NOT WRITE IN THIS SPACE				
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  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS	1				
STREET ADDRESS 29	P HIDDON, WANDA W 140 CR 830 ELDA, FL 33930	<u> </u>			U00000545084 05/11/06-80063-011 <sub>1</sub> 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WRITE THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE							
NAME ·			4,		<b>\</b>		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of 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 ambourered.

STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: