2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P01000077329 THE WHITMIRE CONSULTING COMPANY

FILED Mar 15, 2004 08:00 AM **Secretary of State**

Principal Place of Business

940 CENTRE CIRCLE, SUITE 2020 ALTAMONTE SPRINGS, FL 32714 Mailing Address

940 CENTRE CIRCLE, SUITE 2020 ALTAMONTE SPRINGS, FL 32714



03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 22-3819638

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITMIRE, DONALD 940 CENTRE CIRCLE, SUITE 2020 ALTAMONTE SPRINGS, FL 32714

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered offi	ice or registered agent, or bo		r with, and accept
SIGNATURE.	1) Waille	, , Calcum		3-9-04	·
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered Agent	signature required when reinstating)	DATE	<u> </u>
		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000088555 03/15/04-80056-017	150.00
10.	OFFICERS AND DIREC	TORS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITMIRE, DONALD 940 CENTRE CIRCLE STE 2020 ALTAMONTE SPRINGS, FL 32714	, i			
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TITLE NAME STREET ADDRESS C/TY-ST-ZIP		**			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. (hereby c	certify that the information supplied with this fill on this report or supplemental report is true as	ng does not qualify for the exemption	n stated in Section 119.07(3)	(i), Florida Statutes. I further certify tha	t the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or mustee 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: =

1)Warther SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR