

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084440

1. Entity Name  
WHITMAN LABORATORIES, INC.



Principal Place of Business  
6911 BRYAN DAIRY ROAD  
SUITE 210  
LARGO, FL 33777

Mailing Address  
6911 BRYAN DAIRY ROAD  
SUITE 210  
LARGO, FL 33777

**DO NOT WRITE IN THIS SPACE**

FILED  
05 MAR 30 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3741444

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TANEJA, MANDEEP K  
6911 BRYAN DAIRY ROAD  
SUITE 210  
LARGO, FL 33777

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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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fee

700050117167  
04/07/05--01048--016 \*\*1250.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TANEJA, JUGAL K
STREET ADDRESS	6950 BRYAN DAIRY ROAD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	D
NAME	TANEJA, MIHIR K
STREET ADDRESS	6950 BRYAN DAIRY ROAD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	PSTD
NAME	TANEJA, MANDEEP K
STREET ADDRESS	6911 BRYAN DAIRY RD., SUITE 210
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-05 727-329-7845  
Date Daytime Phone

T. Roberts

APR