



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084440 1. Entity Name WHITMAN LABORATORIES, INC.	
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Principal Place of Business 6911 BRYAN DAIRY ROAD SUITE 210 LARGO, FL 33777	Mailing Address 6911 BRYAN DAIRY ROAD SUITE 210 LARGO, FL 33777
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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 <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Fee	700050117167 04/07/05--01048--016 **1250.00
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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. 03-28-05 727-329-7845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Roberts APR 11 2005