

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095653

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: WHISPER CREEK OF CLAY COUNTY, INC.

## Current Principal Place of Business:

200 W. FORSYTH STREET, SUITE 1400  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

4729 U.S. HIGHWAY 17, SUITE 204  
ORANGE PARK, FL 32003

## Current Mailing Address:

200 W. FORSYTH STREET, SUITE 1400  
JACKSONVILLE, FL 32202

## New Mailing Address:

4729 U.S. HIGHWAY 17, SUITE 204  
ORANGE PARK, FL 32202

FEI Number: 59-3758615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, JAMES RICKY  
4729 U.S. HWY. 17, SUITE 204  
ORANGE PARK, FL 32003 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOOD, JAMES RICKY  
Address: 4729 U.S. HWY. 17, SUITE 204  
City-St-Zip: ORANGE PARK, FL 32003

Title: VS ( ) Delete  
Name: WOOD, SUSAN D  
Address: 4729 U.S. HWY. 17, SUITE 204  
City-St-Zip: ORANGE PARK, FL 32003

Title: T ( ) Delete  
Name: EDWARDS JR., MABRY  
Address: 4729 US HIGHWAY 17, SUITE 204  
City-St-Zip: ORANGE PARK, FL 320038244

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WOOD, JAMES RICKY  
Address: 4729 U.S. HIGHWAY 17, SUITE 204  
City-St-Zip: ORANGE PARK, FL 32003

Title: VS (X) Change ( ) Addition  
Name: WOOD, SUSAN D  
Address: 4729 U.S. HIGHWAY 17, SUITE 204  
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BY: MABRY EDWARDS, JR., CFO

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01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date