## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000095653

Entity Name: WHISPER CREEK OF CLAY COUNTY, INC.

FILED Apr 30, 2005 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

4729 U.S. HIGHWAY 17, SUITE 204 414 OLD HARD ROAD ORANGE PARK, FL 32003

SUITE 201

ORANGE PARK, FL 320033408 US

**Current Mailing Address: New Mailing Address:** 

4729 U.S. HIGHWAY 17, SUITE 204 414 OLD HARD ROAD ORANGE PARK, FL 32202

SUITE 201

ORANGE PARK, FL 320033408 US

FEI Number: 59-3758615 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOOD, JAMES RICKY WOOD, JAMES RICKY 4729 U.S. HWY. 17, SUITE 204 ORANGE PARK, FL 32003 414 OLD HARD ROAD, SUITE 201

ORANGE PARK, FL 320033408 US

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: 04/30/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WOOD, JAMES RICKY Name: Name: WOOD, JAMES RICKY

4729 U.S. HIGHWAY 17, SUITE 204 414 OLD HARD ROAD, SUITE 201 Address: Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 320033408 US

( ) Delete ٧S Title: VS (X) Change ( ) Addition Title:

Name: WOOD, SUSAN D Name: WOOD, SUSAN D

4729 U.S. HIGHWAY 17, SUITE 204 414 OLD HARD ROAD, SUITE 201 Address: Address: ORANGE PARK, FL 32003 ORANGE PARK, FL 320033408 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: () Delete

EDWARDS JR., MABRY EDWARDS JR., MABRY Name: Name:

4729 US HIGHWAY 17, SUITE 204 414 OLD HARD ROAD, SUITE 201 Address: Address: City-St-Zip: ORANGE PARK, FL 320038244 City-St-Zip: ORANGE PARK, FL 320033408 US

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.

VΡ SIGNATURE: SUSAN D. WOOD, ITS VP 04/30/2005