


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90395 014 \*\*\*150.00

<b>DOCUMENT # P01000110463</b> 1. Entity Name <b>R. O. WHISANANT, INC.</b>			
Principal Place of Business <b>3428 W MINNEHAHA ST TAMPA, FL 33614</b>		Mailing Address <b>3428 W MINNEHAHA ST TAMPA, FL 33614</b>	
2. Principal Place of Business <b>3634 Olde Lanark Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3634 Olde Lanark Dr.</b> Suite, Apt. #, etc.	
City & State <b>Land O' Lakes FL</b> Zip Country <b>34638 Hillsborough</b>		City & State <b>Land O' Lakes FL</b> Zip Country <b>34638 Hillsborough</b>	
4. FEI Number <b>59-3759404</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WHISANANT, DEBRA G 3428 W MINNEHAHA ST TAMPA, FL 33614</b>		7. Name and Address of New Registered Agent Name <b>Debra G Whisanant</b> Street Address (P.O. Box Number is Not Acceptable) <b>3634 Olde Lanark Dr.</b> City <b>Land O' Lakes</b> <b>FL</b> Zip Code <b>34638</b>	
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 <u>Debra G. Whisanant</u> <span style="float: right;">4-1-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME WHISANANT, RICHARD O STREET ADDRESS 3428 W MINNEHAHA ST CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition Please change address to: <b>3634 Olde Lanark Dr.</b> <b>Land O' Lakes, FL</b> <b>34638</b>	
TITLE VD NAME WHISANANT, DEBRA G STREET ADDRESS 3428 W MINNEHAHA ST CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Delete	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Debra G Whisanant</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-1-06 813-792-9189 <small>Date Daytime Phone #</small>	