


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P01000110463	
1. Entity Name R. O. WHISANANT, INC.	

Principal Place of Business 3634 OLDE LANARK DR LAND O' LAKES, FL 34638	Mailing Address 3634 OLDE LANARK DR LAND O' LAKES, FL 34638
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DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3759404	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 WHISANANT, DEBRA G 3634 OLDE LANARK DR LAND O' LAKES, FL 34638

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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 	4-30-07
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>DATE</small>

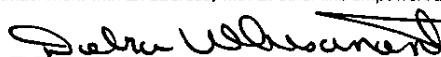
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHISANANT, RICHARD O 3634 OLDE LANARK DR AND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHISANANT, DEBRA G 3634 OLDE LANARK DR LAND O' LAKES, FL 34638
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05/25/07-80091-023 150.00

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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: 	4-30-07	813-792-9189
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>