

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90220 050 ***150.00

DOCUMENT # P02000004586

1. Entity Name
WHITELY, INC.



Principal Place of Business
**1500 S. FIRST ST.
LAKE CITY, FL 32025**

Mailing Address
**846 SW MAIN BLVD
LAKE CITY, FL 32025**

14006601



DO NOT WRITE IN THIS SPACE

04102005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0547011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITELY, MARIE
846 SW MAIN BLVD
LAKE CITY, FL 32025**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WHITELY, MARIE**
STREET ADDRESS **846 SW MAIN BLVD**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **V**
NAME **WHITELY, KEVIN**
STREET ADDRESS **846 SW MAIN BLVD**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **ST**
NAME **WHITELY, CARL**
STREET ADDRESS **846 SW MAIN BLVD**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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:

Marie Whitely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05
Date

Daytime Phone #