## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 08:00 AM Secretary of State

DOCUMENT # P02000004586  1. Entity Name WHITELY, INC.			
Principal Place of Business	Mailing Address		
1500 S. FIRST ST. LAKE CITY, FL 32025	846 SW MAIN BLVD Lake City, FL 32025		



## DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
02-0547011	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

	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	d office or i	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if	fapplicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITELY, KEVIN 846 SW MAIN BLVD LAKE CITY, FL 32025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000753368 05/22/07-80017-013 150.00
12. I hereby o	certify that the information supplied with this file	ing does not qualify for the exe	nptions cor	ntained in Chapter 11	9, Florida Statutes. I further certify that the information

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 as 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:

GALLES AT WALLES

4/30/02

Daytime Phone #