

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90175 036 \*\*\*150.00

<b>DOCUMENT # P02000012758</b>	
1. Entity Name DOUG WHALEN'S LAWN SERVICE, INC.	



Principal Place of Business 694 ATLANTIS RD STE 4 MELBOURNE, FL 32904	Mailing Address 694 ATLANTIS RD STE 4 MELBOURNE, FL 32904
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PO BOX 100049  
PALM BAY FL 32910-0049

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0003204	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	
WHALEN, DOUGLAS B 318 W GEORGETOWN AVE MELBOURNE, FL 32901	747 HARTFORD AVE PALM BAY, FL 32908

**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: *Douglas Whalen* DATE: 4-21-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHALEN, DOUGLAS B 318 W GEORGETOWN AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	747 HARTFORD AVE PALM BAY FL 32908
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Douglas Whalen* 3-1-06 321-223-4065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #