


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90005 019 \*\*\*150.00

**DOCUMENT # P02000052563**

1. Entity Name  
 WHITTINGTON, CULBERT & THIES, P.A.



Principal Place of Business  
 712 A NORTH PINE ST.  
 GREEN COVE SPRINGS, FL 32043

Mailing Address  
 712 A NORTH PINE ST.  
 GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE IN THIS SPACE**

40000000



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4607504	Applied For 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

WHITTINGTON, STEVEN BRIAN  
 712-A NORTH PINE ST.  
 GREEN COVE SPRINGS, FL 32043

**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: President DATE: 1.16.08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTINGTON, STEVEN BRIAN 712-A NORTH PINE ST. GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CULBERT, BRUCE P 712-A NORTH PINE ST. GREEN COVE SPRINGS, FL 32043
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**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: 1.16.08 DAYTIME PHONE #: (904)284-2970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR