

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068263

Entity Name: WIPF HOLDINGS, INC.

FILED
Aug 01, 2007
Secretary of State

Current Principal Place of Business:

3663 LAKE ST.
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3663 LAKE ST.
FT. MYERS, FL 33901

New Mailing Address:

18000 LEETANA RD.
NORTH FORT MYERS, FL 33917

FEI Number: 03-0466069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIPF, VAUGHN
3663 LAKE ST.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WIPF, EMILY
Address: 3663 LAKE ST.
City-St-Zip: FT. MYERS, FL 33901

Title: VD () Delete
Name: WIPF, VAUGHN
Address: 3663 LAKE ST.
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAUGHN WIPF

VP

08/01/2007

Electronic Signature of Signing Officer or Director

Date