


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91048 020 \*\*\*150.00

<b>DOCUMENT # P02000069367</b>			
1. Entity Name <b>WHITENER-TEMKIN, INC.</b>			
Principal Place of Business 13986 BALD CYPRESS CIRCLE FORT MYERS, FL 33907		Mailing Address 13986 BALD CYPRESS CIRCLE FORT MYERS, FL 33907	
2. Principal Place of Business 1332 Homestead Road N.		3. Mailing Address 1332 Homestead Road N.	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State Lehigh Acres, FL		City & State Lehigh Acres, FL	
Zip 33936	Country	Zip 33936	Country



04232004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0622903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>WHITENER, GALE D. 13986 BALD CYPRESS CIRCLE FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent	
		Name <b>Gale D. Whitener</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>17049 Colony Lakes Blvd.</b>	
		City, State, Zip <b>Fort Myers, FL 33908</b>	

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: *Gale Whitener / Gale Whitener*

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITENER, GALE D			NAME	Whitener, Gale D.		
STREET ADDRESS	13986 BALD CYPRESS CIRCLE			STREET ADDRESS	17049 Colony Lakes Blvd		
CITY-STATE-ZIP	FORT MYERS, FL 33907			CITY-STATE-ZIP	Fort Myers, FL 33907		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEMKIN, MARVIN			NAME	Temkin, Marvin		
STREET ADDRESS	13986 BALD CYPRESS CIRCLE			STREET ADDRESS	17049 Colony Lakes Blvd		
CITY-STATE-ZIP	FORT MYERS, FL 33907			CITY-STATE-ZIP	Fort Myers, FL 33907		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

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: *Marvin Temkin* **MARVIN TEMKIN** 239-368-3800 4-23-04

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