2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Sep 08, 2004 8:00 am Secretary of State DOCUMENT # P02000109930 1. Entity Name 09-08-2004 90113 048 ***550.00 J.J. WHISPERS GROUP, INC. Principal Place of Business Mailing Address 5517 PALM LAKE CIRCLE ORLANDO FL 32819 5517 PALM LAKE CIRCLE ORLANDO FL 32819 94071702 3. Mailing Address 5. Kirkman Rd 2. Principal Place of Business 4732.5. Kirkman Rd MOORE CR2E034 (4/04) City & State 4. FEI Number Applied For City & State 11-3657140 Orlunds Orlando Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONALD M- StEN SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 16614 Bay Club **MIAMI FL 33145** Clermont 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. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSTD** Secretary TITLE Delete Addition TITLE Beverly Brown 5517 Palm Calle Circle orlando Fc 32819 NAME BROWN, JOHN W NAME 5517 PALM LAKE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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.

FILED

John Brown Pres. dent 8/4/04 4072909896
FFICER OR DIRECTOR
Date Dayline Phone # SIGNATURE:



Office 407.290.9896 Fax 407.290.9689

4732 S. Kirkman Road Orlando, FL 32811

www.jjwhispers.com

H+achment 54071702 +102000109930

August 31, 2004

Division of Corporations Annual Report Section PO Box 6850 Tallahassee, Florida 32314

Dear Sir/Madam:

We did not receive prior notice of the filing of this form. We are in our first year of business and was not aware of the filing deadline. I checked the box on the form; however, I am sending payment of \$550.00 because I do not wish to have the corporation dissolved in the event we are obligated to pay the \$550.00. If we are only obligated to pay \$150.00 please forward a refund at your earliest convenience.

Sincerely,
Marty Stein Controller

407-832-0978