

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000119049

1. Entity Name

WHISKEY CREEK SERVICE, INC.



Principal Place of Business

11401 MCGREGOR BLVD.
FORT MYERS, FL 33919

Mailing Address

11401 MCGREGOR BLVD.
FORT MYERS, FL 33919



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1657869

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUNDERMARK, CHARLES R
11401 MCGREGOR BLVD.
FORT MYERS, FL 33919

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FUNDERMARK, CHARLES R
STREET ADDRESS 11401 MCGREGOR BLVD.
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE STD
NAME FUNDERMARK, IRENE H
STREET ADDRESS 11401 MCGREGOR BLVD.
CITY-ST-ZIP FORT MYERS, FL 33919

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U00000315684
04/19/05-80038-019 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #