

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1657869

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

U00000941444
05/28/08-80106-024 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FUNDERMARK, CHARLES R 11401 MCGREGOR BLVD. FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD FUNDERMARK, IRENE H 11401 MCGREGOR BLVD. FORT MYERS, FL 33919 |
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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: *Irene H Fundermark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-29-08
Date

1239-481-3500
Daytime Phone #