

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000135098

1. Entity Name
KAREN WHITTINGTON, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 4:10

REINSTATEMENT *DS*



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0545365

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

WHITTINGTON, KAREN
164 QUEENS COUNTRY ROAD
INTERLACHEN, FL 32148

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

(NOTE: Registered Agent signature required when reinstating)

4/1/2005
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 P
NAME WHITTINGTON, KAREN
STREET ADDRESS P.O. BOX 70
CITY-ST-ZIP INTERLACHEN, FL 32148

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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: *Karen Whittington*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2005
Date

Daytime Phone #