## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 01, 2006 8:00 am Secretary of State DOCUMENT # P03000021088 05-01-2006 90385 012 \*\*\*150.00 JAMIE WHALEN CONSTRUCTION, INC. 400/4363 Principal Place of Business Mailing Address 2878 DONNELLY DR 2878 DONNELLY DR 106 106 LANTANA, FL 33462 LANTANA, FL 33462 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E034 (11/05) Chg-P 4. FEI Number City & State City & State Applied For 48-1300455 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHALEN, JAMIE Street Address (P.O. Box Number is Not Acceptable) 2878 DONNELLY DR LANTANA, FL 33462 City Zip Code 48. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 DP TITL F ☐ Delete TITLE Change ■ Addition WHALEN, JAMIE NAME NAME STREET ADDRESS STREET ADDRESS 2878 DONNELLY DR #106 CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-ZIP DV ☐ Delete Change Addition WHALEN, SHARON NAMÉ NAME 2878 DONNELLY DR #106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA, FL 33462 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE Channe Addition ☐ Defete TITLE NAME 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 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 attachm

CITY-ST-ZIP

SIGNATURE:

lamie Whalen

**FILED**