


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90048 036 ***150.00

DOCUMENT # P03000026158	
1. Entity Name WHITPALM, INC.	

Principal Place of Business 3036 SE 11TH AVE CAPE CORAL FL 33914	Mailing Address 3036 SE 11TH AVE CAPE CORAL FL 33914
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2. Principal Place of Business - No P.O. Box # 1021 A CAPE CORAL PKWY.E.	3. Mailing Address 3036 S.E. 11TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

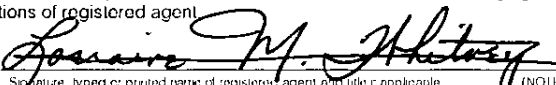
1st MOORE CR2E034 (10/06)

City & State CAPE CORAL, FL.	City & State CAPE CORAL, FL.	4. FEI Number 74-3081583	Applied For <input type="checkbox"/> Not Applicable
Zip 33904	Country U.S.A.	Zip 33904	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITNEY, LORRAINE M 3036 SE 11TH AVE CAPE CORAL FL 33904	
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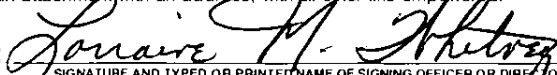
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE 1-18-07
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME WHITNEY, LORRAINE STREET ADDRESS 3036 SE 11TH AVE CITY ST ZIP CAPE CORAL FL 33904	TITLE	NAME STREET ADDRESS CITY ST ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME PALMA, CYNTHIA STREET ADDRESS 3036 SE 11TH AVE. CITY ST ZIP CAPE CORAL FL 33904	TITLE	NAME STREET ADDRESS CITY ST ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY ST ZIP	TITLE	NAME STREET ADDRESS CITY ST ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY ST ZIP	TITLE	NAME STREET ADDRESS CITY ST ZIP
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY ST ZIP	TITLE	NAME STREET ADDRESS CITY ST ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerment.

SIGNATURE: 	1-18-07 239-542-6086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #