


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033906		
1. Entity Name CORNELIA S. WHALEN ENTERPRISES, INC.		
Principal Place of Business 1250 ATLANTIC SHORE BLVD., #107 HALLANDALE, FL 33009		Mailing Address 1250 ATLANTIC SHORE BLVD., #107 HALLANDALE, FL 33009
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHALEN, CORNELIA S 1250 ATLANTIC SHORE BLVD., #107 HALLANDALE, FL 33009		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 _____ <small>Signature, typed or printed name of registrant, agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHALEN, CORNELIA S 1250 ATLANTIC SHORE BLVD., #107 HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHALEN, ROBERT 1250 ATLANTIC SHORE BLVD., #107 HALLANDALE, FL 33009	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Cornelia S. Whalen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-27-05</u> <u>954-298-4880</u> <small>Date Daytime Phone #</small>



03192005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1180562** Applied For
Not Applicable

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

U00000280174
03/30/05-80009-006 150.00

**DO NOT WRITE
IN THIS SPACE**