

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-12-2006 90086 035 ***150.00

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



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1180562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHALEN, CORNELIA S
1250 ATLANTIC SHORE BLVD., #107
HALLANDALE, FL 33009

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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: Cornelia S. Whalen

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3-22-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 WHALEN, CORNELIA S
STREET ADDRESS 1250 ATLANTIC SHORE BLVD., #107
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ST
NAME WHALEN, ROBERT
STREET ADDRESS 1250 ATLANTIC SHORE BLVD., #107
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Cornelia S. Whalen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-06