

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000087197

1. Entity Name
WHITING CARPENTRY INC



Principal Place of Business
2291 TURTLE MOUND RD
MELBOURNE, FL 32934

Mailing Address
2291 TURTLE MOUND RD
MELBOURNE, FL 32934



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2404529

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

WHITING, STEVEN
2291 TURTLE MOUND RD
MELBOURNE, FL 32934

**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

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

(NOTE: Registered Agent signature required when reinstating)

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**

U00000272765
03/23/05-80001-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------|
| TITLE | P |
| NAME | WHITING, STEVEN |
| STREET ADDRESS | 2291 TURTLE MOUND RD |
| CITY - ST - ZIP | MELBOURNE, FL 32934 |
| TITLE | V |
| NAME | BURGOON, BEN |
| STREET ADDRESS | 122 1 AVE |
| CITY - ST - ZIP | INDIALAANTIC, FL 32903 |
| TITLE | T |
| NAME | CHIDESTER, MATT |
| STREET ADDRESS | 6245 N US 1 |
| CITY - ST - ZIP | MELBOURNE, FL 329360322 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/05