

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000087197

1. Entity Name  
WHITING CARPENTRY INC



**FILED  
Apr 06, 2006 8:00 am  
Secretary of State**

04-06-2006 90015 045 \*\*\*158.75

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

Mailing Address

2291 TURTLE MOUND RD  
MELBOURNE, FL 32934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

52-2404529

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITING, STEVEN  
2291 TURTLE MOUND RD  
MELBOURNE, FL 32934

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	WHITING, STEVEN	2291 TURTLE MOUND RD	MELBOURNE, FL 32934	<input type="checkbox"/> Delete					
V	BURGOON, BEN	122 1 AVE	INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete					
T	CHIDESTER, MATT	6245 N US 1	MELBOURNE, FL 329360322	<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					

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:

3-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #