

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124326

FILED
Apr 13, 2007
Secretary of State

Entity Name: WHISKEY RIVER EXPRESS, INC.

Current Principal Place of Business:

235 S ILAKEE AVE
LAKE ALFRED, FL 33850

New Principal Place of Business:

117 COLONIAL DR
AUBURNDAL, FL 33823

Current Mailing Address:

235 S ILAKEE AVE
LAKE ALFRED, FL 33850

New Mailing Address:

117 COLONIAL DR
AUBURNDAL, FL 33823

FEI Number: 27-0069410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, HAROLD D
235 S ILAKEE AVE
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FULLER, STEVEN W
Address: 117 COLONIAL DR
City-St-Zip: AUBURNDAL, FL 33823

Title: DV () Delete
Name: FULLER, RICHARD W
Address: 235 S ILAKEE AVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: DST () Delete
Name: FULLER, HAROLD D
Address: 235 S ILAKEE AVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FULLER, STEVEN W
Address: 117 COLONIAL DR
City-St-Zip: AUBURNDAL, FL 33823

Title: VP (X) Change () Addition
Name: FULLER, RICHARD W
Address: 235 S ILAKEE AVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: TREA (X) Change () Addition
Name: FULLER, HAROLD D
Address: 235 S ILAKEE AVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: PRES () Change (X) Addition
Name: FULLER, HAROLD D JR
Address: 235 S ILAKEE AVE
City-St-Zip: LAKE ALFRED, FL 33850

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD FULLER

TREA

04/13/2007

Electronic Signature of Signing Officer or Director

Date