

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124326

FILED
Jun 26, 2009
Secretary of State

Entity Name: WHISKEY RIVER EXPRESS, INC.

Current Principal Place of Business:

117 COLONIAL DR
AUBURNDALE, FL 33823

New Principal Place of Business:

235 S ILAKEE AVE
AUBURNDALE, FL 33823

Current Mailing Address:

P O BOX 200
LAKE ALFRED, FL 33850

New Mailing Address:

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:

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

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: HAROLD FULLER

06/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: FULLER, HAROLD W
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 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

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date