2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2007 08:00 All Secretary of State **DOCUMENT # P03000137694** 1. Entity Name DAVÍD L. WHITMORE, INC. Principal Place of Business Mailing Address 1050 STARKEY ROAD, #2608 1050 STARKEY ROAD, #2608 LARGO, FL 33771 LARGO, FL 33771 04012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2421071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WHITMORE, DAVID L DO NOT WRITE 1050 STARKEY ROAD, #2608 LARGO, FL 33771 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 (NOTE: Registered Agent signature required when remistating) \$5.00 May Be 🖲 Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 AFREF MAY 1, 2007 FEE WI!! BE \$850.00 U000000688980 Trust Fund Contribution. Added to Fees <u>04/11/07-80016-012</u> OFFICERS AND DIRECTORS 10. TITLE NAME WHITMORE, DAVID L STREET ADDRESS 1050 STARKEY ROAD, #2608 CITY-ST-ZIP LARGO, FL 33771 TITLE WHITMORE, GREG NAME 10064 82ND ST., NORTH STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 TITLE MAKSIMOWICZ, MARK NAME STREET ADORESS 4941 SETH WAY NORTH DO NOT WRITE CITY-ST-ZP KENNETH CITY, FL 33709 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the Information supplied with this filling 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 shell 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 a gladdress, with all other like empowered.

SIGNATURE:

DAUID L.Wh. Trmore 4-1-07 727-420-369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

Date

Daytime Phone #

FILED