2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137694

Title:

Name:

Address:

City-St-Zip:

FILED Mar 13, 2008 Secretary of State

Entity Name: DAVID L. WHITMORE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1050 STARKEY ROAD, #2608 LARGO, FL 33771 **Current Mailing Address: New Mailing Address:** 1050 STARKEY ROAD, #2608 LARGO, FL 33771 FEI Number: 56-2421071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITMORE, DAVID L 1050 STARKEY ROAD, #2608 LARGO, FL 33771 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WHITMORE, DAVID L WHITMORE, DAVID L Name: Name: 1050 STARKEY ROAD, #2608 1050 STARKEY ROAD, #2608 Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33771 Title: Title: () Delete (X) Change () Addition WHITMORE, GREG A Name: WHITMORE, GREG Name: 10064 82ND ST., NORTH 8185 SW 203CT RD. Address: Address: LARGO, FL 33777 DUNNELLON, FL 34431 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition MAKSIMOWICZ, MARK WHITMORE, MICHAEL A Name: Name: 4941 56TH WAY NORTH 8655 SW 205TH CIR Address: Address: City-St-Zip: KENNETH CITY, FL 33709 City-St-Zip: DUNNELLON, FL 34431

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID L. WHITMORE PD 03/13/2008

() Delete

() Change (X) Addition

WHITMORE, JANICE M

1050 STARKEY RD.

LARGO, FL 33771