

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90017 020 ***150.00

DOCUMENT # P03000138272

1. Entity Name

DRW OF FT. WALTON BEACH, INC.



Principal Place of Business

480 MANAGUA WAY
MARYESTER FL 32569
US

Mailing Address

480 MANAGUA WAY
MARYESTER FL 32569
US



2. Principal Place of Business - No P.O. Box #

Kevin Whisman

Suite, Apt. #, etc.

480 Managua Way

City & State

Mary Esther Fl

Zip

32569

Country

OK/loosa

3. Mailing Address

Kevin Whisman

Suite, Apt. #, etc.

480 Managua Way

City & State

Mary Esther Fl

Zip

32569

Country

OK/loosa

1st MOORE

CR2E034 (10/06)

4. FEI Number 02-0651116

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHISMAN, KEVIN
715 WOODLAWN AV
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

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

Kevin Whisman

Signature, typed or printed name of registered agent and title, if applicable.

KEVIN WHISMAN

(NOTE: Registered Agent signature required when registering)

2-24-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DIR. ☐ Delete
NAME: WHISMAN, KEVIN
STREET ADDRESS: 715 WOODLAWN AV
CITY-ST-ZIP: FT. WALTON BEACH FL 32547

TITLE: DIR ☒ Delete
NAME: LOWERY, JASON
STREET ADDRESS: 480 MANAGUA WAY
CITY-ST-ZIP: MARY ESTER FL 32569

TITLE: DIR ☐ Delete
NAME: CARNES, CHRIS
STREET ADDRESS: 480 MANAGUA WAY
CITY-ST-ZIP: MARY ESTER FL 32569

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition
NAME: Dir. Mike Lankford
STREET ADDRESS: 804 Lark St, Lot 14
CITY-ST-ZIP: Fort. Walton Bch. FL 32547

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kevin Whisman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-07 P50-699-0192

Date

Daytime Phone #