

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144046

FILED
Jun 16, 2009
Secretary of State

Entity Name: WHISTLING PINES FOLIAGE, INC.

Current Principal Place of Business:

16436 WHISTLING PINES RD
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

PO BOX 666
EUSTIS, FL 32727

New Mailing Address:

FEI Number: 20-0481780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REICHWEIN, FRANCIS A
35940 JOHNS LANE
EUSTIS, FL 32736 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

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: D () Delete
Name: REICHWEIN, FRANCIS A
Address: 16436 WHISTLING PINES RD
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: REICHWEIN, SHIRLEY A
Address: 16436 WHISTLING PINES RD
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRANCIS A. REICHWIEN

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

_____ Date