1 of 2

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000062161

1. Entity Name
JON WHITAKER INC

Principal Place of Business	Mailing Address
455 PRIEST LANE SEQUIM, WA 98382 US	455 PRIEST LANE SEQUIM, WA 98382 US

03062005 Chg-P CR2E034 (10/03) 05

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0991558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, JON
619 N DIXIE HIGHWAY
LAKE WORTH, FL 33460

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITAKER, JON 619 N DIXIE HIGHWAY LAKE WORTH, FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______________________ Mar. 12, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A G F AND ASSOCIATES
ACCOUNTING AND TAX PLANNING
619 N. DIXIE HIGHWAY
LAKE WORTH, FL 33460
TEL-561-582-5129
FAX-561-533-5959

TO THE ATTENTION OF: Barbara

RECIPIENT: Annual Report Dept **SENT BY:** Suzanne Fenlason

COMPANY: Division of Corporations **DATE:** 7/8/05

FAX NUMBER: 850.245.6017 **TOTAL PAGES:** 1

REGARDING: Jon Whitaker, Inc.

MESSAGE: Dear Barbara -

As per our conversation today I am faxing this letter to notify the State that Mr. Jon Whitaker never received a letter from the State requesting he provide his FEIN for the corporation.

This letter is also to provide you with the FEIN for Jon Whitaker, Inc. We would appreciate your noting the FEIN in the States records & forgive any penalties that have been assessed. The FEIN is:

20-0991558

Thank you for your help. Sincerely,

Suzanne Fenlason
Accountant for Jon Whitaker Inc.)

ACCOUNTING AND TAX PLANNING