2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000109865 1. Entity Name 02-06-2006 90093 032 ***150.00 THE WHITTINGHAM CORPORATION Principal Place of Business Mailing Address 2761-WHITE-BLVD .--2761-WHITE-BLVD: NAPLES FL-34117 NAPLES FL 34117_ 3. Mailing Address 2. Principal Place of Business 510 20 Ave NE 510 <u>20</u> Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 75-3162176 Not Applicable リタアレビら Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Edward WHITTINGHAM, EDWARD D Street Address (P.O. Box Number is Not Acceptable) 2761 WHITE BLVD. Mr. Edward Whittingham 3510 20th Ave. NE NAPLES-FL-34117 Naples, FL 34120 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 nd litle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME WHITTINGHAM, EDWARD D RD AVE NE STREET ADDRESS STREET ADDRESS 2761-WHITE-BL-VD. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34117_ Change Addition TITLE ☐ Delete TITLE NAME WHITTINGHAM, NANETTE NAME SID 20 AVE NE STREET ADDRESS STREET ADDRESS 2761"WHITE BLVD.---Naples FL 34120 CITY-ST-ZIP CITY-ST-7IP NAPLES EL 34117 TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

Feb 06, 2006 8:00 am

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