


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90027 021 ***150.00

DOCUMENT # P05000021895	
1. Entity Name PAUL & GAIL WHITING INVESTMENTS, INC.	

Principal Place of Business 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629	Mailing Address 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629
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2. Principal Place of Business - No P.O. Box # 3410 HENDERSON BLVD.	3. Mailing Address 3410 HENDERSON BLVD.
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33609	Country USA

40102730



04232008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2510485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITING, PAUL L PAUL & GAIL WHITING INVESTMENTS, INC 2910 W BAYTON BAY BLVD., #200 TAMPA, FL 33629	7. Name and Address of New Registered Agent Name WHITING, PAUL L Street Address (P.O. Box Number is Not Acceptable) PAUL & GAIL WHITING INVESTMENTS, INC. 3410 HENDERSON BLVD., #200 City TAMPA FL Zip Code 33609
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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: _____ DATE: **4/23/08**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITING, PAUL L 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITING, PAUL L 3410 HENDERSON BLVD., #200 TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITING, GAIL F 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITING, GAIL F 3410 HENDERSON BLVD., #200 TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul L. Whiting* **Paul L. Whiting** DATE: **4/23/08** (813) 554-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR