


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000164050 1. Entity Name COULWHIT, INC.		
Principal Place of Business 2261 BEURKET STREET PORT CHARLOTTE, FL 33953 US		Mailing Address 2261 BEURKET STREET PORT CHARLOTTE, FL 33953 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITAKER, MICHAEL J 2261 BEURILET ST PORT CHARLOTTE, FL 33953		DO NOT WRITE IN THIS SPACE
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 <u>MICHAEL J. WHITAKER PRESIDENT Michael J Whitaker Pres.</u> DATE <u>3/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITAKER, MICHAEL J 2261 BEURKET STREET PORT CHARLOTTE, FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JULIE, COUILLARD 7016 CRYSTAL VIEW DRIVE SE CALEDONIA, MI 49316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 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: <u>Michael J Whitaker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/28/08</u> <u>941-764-1756</u> <small>Date Daytime Phone #</small>



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3960541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/10/08-80075-001 150.00

**DO NOT WRITE
IN THIS SPACE**