## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000166811

1. Entity Name

WHITNEY RACING STABLES, INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

6304 BENJAMIN ROAD

SUITE 505

TAMPA, FL 33634 US

Mailing Address

6304 BENJAMIN ROAD

SUITE 505

TAMPA, FL 33634 US



04082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3994402

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITNEY, JOSHUA M 6304 BENJAMIN ROAD SUITE 505 TAMPA, FL 33634

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TAMPA,, FL 33634			IN THIS SPACE		
	named entity submits this statement for the puions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTE: Registered	Agent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.  IIILE NAME STREET ADDRESS CIIY-SI-ZIP  IIILE NAME STŘEET ADDRESS CITY-ST-ZIP  IIILE NAME STŘEET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT P, D WHITNEY, JOSHUA M 6304 BENJAMIN ROAD, SUITE 505 TAMPA, FL 33634 VP,D WHITNEY, MARNIE B 6304 BENJAMIN ROAD, SUITE 505 TAMPA, FL 33634	TORS		DO	U00000916018 05/12/08-80011-006 150.00 NOT WRITE
IITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS CITY-SI-ZIP				IN THIS SPACE	
TITLE NAME					

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 attorner.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IRE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ 4.16.0B

1<sup>813</sup> 917.9041

Daytime Phone #