

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P24892

1. Entity Name
WHPC, INC.



Principal Place of Business
4243 HUNT ROAD
CINCINNATI, OH 45242

Mailing Address
4243 HUNT ROAD
CINCINNATI, OH 45242



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1254047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	KAMFJORD, J. ERIK
STREET ADDRESS	4243 HUNT RD.
CITY-ST-ZIP	CINCINNATI, OH
TITLE	STD
NAME	SLABOCH, JOHN J
STREET ADDRESS	4243 HUNT RD
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	D
NAME	WINEGARDNER ROY E.
STREET ADDRESS	4243 HUNT RD.
CITY-ST-ZIP	CINCINNATI, OH
TITLE	D
NAME	HAMMONS, JOHN O.
STREET ADDRESS	4243 HUNT RD.
CITY-ST-ZIP	CINCINNATI, OH
TITLE	P
NAME	DAUB, KETH W
STREET ADDRESS	4243 HUNT RD.
CITY-ST-ZIP	CINCINNATI, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80071-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Slaboch, Secretary/Treasurer

Date

Daytime Phone #

1/1/04