


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90050 031 ***150.00

DOCUMENT # P92000007228					
1. Entity Name WHITS CORPORATION					
Principal Place of Business 14899 S TAMiami TRL NORTH PORT, FL 34287 US			Mailing Address 14899 S TAMiami TRL NORTH PORT, FL 34287 US		
2. Principal Place of Business 1455 E. VENICE AVE.		3. Mailing Address 1455 E. VENICE AVE.			
Suite, Apt. #, etc. VENICE, FLORIDA		Suite, Apt. #, etc.			
City & State		City & State VENICE, FLORIDA		4. FEI Number 65-0372416	
Zip 34292		Country U.S.		Zip 34292	
Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WHITAKER, MICHAEL J. 14899 SO. TAMiami TRAIL NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name <u>WHITAKER, MICHAEL J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1455 E. VENICE AVE.</u> City <u>VENICE</u> <u>FL</u> Zip Code <u>34292</u>		
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</u> <u>Michael J. Whitaker</u> <u>1/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHITAKER, MICHAEL J 12663 SW KINGSWAY CIR LAKE SUZY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHITAKER, DARLENE L 12663 SW KINGSWAY CIR LAKE SUZY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL J. WHITAKER 2166 BEURKET ST. PORT CHARLOTTE, FL. 33953				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DARLENE L. WHITAKER 2166 BEURKET ST. PORT CHARLOTTE, FL. 33953				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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: <u>MICHAEL J. WHITAKER</u> <u>Michael J. Whitaker</u> <u>1/25/06</u> <u>941-764-1756</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					