2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2004 08:00 AM **Secretary of State** DOCUMENT # P93000066279 WHITMAN PRODUCTS, INC. Principal Place of Business Mailing Address 84 BOULDER ROCK DRIVE 84 BOULDER ROCK DRIVE PALM COAST, FL 32137 PALM COAST, FL 32137 02142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3205486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE WHITMAN, ERIC 84 BOULDER ROCK DRIVE PALM COAST, FL 32137 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. Types or privide name of registered agent and title if applicable INDTE Registered Agent signature required when reinstating) DATE 9. Electron Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \square Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WHITMAN, ERIC NAME U00000062449 02/23/04-80122-003 150.00 84 BOULDER ROCK DRIVE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 in the corporation of the corporation of 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 in the corporation of the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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