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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P94000019579** 

Entity Name

WLH INVESTMENTS, INC.



Principal Place of Business

16313 NORTH DALE MABRY HIGHWAY

SUITE 100

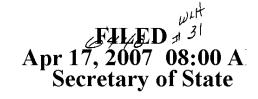
TAMPA, FL 33618

Mailing Address

16313 NORTH DALE MABRY HIGHWAY

SUITE 100

TAMPA, FL 33618





## DO NOT WRITE IN THIS SPACE

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3238477

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, WARREN R 16313 N DALE MABRY HWY STE 100 TAMPA, FL 33618

## DO NOT WRITE IN THIS SPACE

	•				
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	d Agent signatur	o required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	04/26/07-80058-017 300.00
10.	OFFICERS AND DIREC	TORS			the state of the s
TITLE	Р			,	
NAME	HATTAWAY, WANDA L			·	
STREET ADDRESS			The state of the s		
CITY-S1-ZIP	TAMPA, FL				Figure of Strong Chapper 1882 set to
TITLE	VP	•	ş - 4	****	
NAME	HATTAWAY, W E			, . ;	
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CITY-ST-ZIP	TAMPA, FL 33618			. •	
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STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	NOT WRITE
TITLE NAME			į	in '	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP				*, ,	
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 address, with all other like empowered.

SIGNATURE:

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Chrisen R. Nelson

4-11-0

813-961-0944

Daytime Phone #