## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2005 08:00 AM DOCUMENT # P94000048005 \* **Secretary of State** WHARTON ENTERPRISES, INC. Principal Place of Business Mailing Address 339 PARK ST 339 PARK ST JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3250495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETERSON, JEANINE M DO NOT WRITE 4208 S. RESERVOIR LANE JACKSONVILLE, FL 32223 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10, TITLE NAME PETERSON, JEANINE M STREET ADDRESS 4208 S. RESERVOIR LANE CITY-ST-ZIP JACKSONVILLE, FL 32223 U00000342340 04/29/05-80053-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05,354-8568

FILED