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Empfangen von: 941 364 8156

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State
03-22-2005 90151 001 ***300.00

DOCUMENT # P95000030350

1. Entity Name
WHISPERING PALMS, INC.

Principal Place of Business
1858 RINGLING BLVD
SARASOTA, FL 34236 US

Mailing Address
46 N WASHINGTON BLVD
#1
SARASOTA, FL 34236

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: P. O. BOX 25252
Suite, Apt. # etc.
City & State: SARASOTA, FL
Zip: 34277 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0588576 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LPS CORPORATE SVCS., INC
46 N WASHINGTON BLVD
#1
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	DPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOTTCHER, HANS-HERMANN G		NAME		
STREET ADDRESS	1858 RINGLING BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	OS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCLOUGHLIN, KARIN		NAME		
STREET ADDRESS	1858 RINGLING BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 3/10/2005 941-364-8156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HANS-HERMANN GUSTAV BOTTCHER, President