2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048388

Entity Name: WHIBBS & STONE, P.A.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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105 EAST GREGORY SQUARE 801 W. ROMANA STREET PENSACOLA, FL 32502

UNIT C

PENSACOLA, FL 32502

Current Mailing Address: New Mailing Address:

105 EAST GREGORY SQUARE 801 W. ROMANA STREET PENSACOLA, FL 32502 **UNIT C**

PENSACOLA, FL 32502

FEI Number: 59-3326473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHIBBS, J DONOVAN SR WHIBBS, J DONOVAN SR. 105 EAST GREGORY SQUARE 801 W. ROMANA STREET PENSACOLA, FL 32502 UNIT C PENSACOLA, FL 32502 US

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.

SIGNATURE: 01/19/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

WHIBBS, SUZANNE N WHIBBS, SUZANNE N Name: Name:

105 EAST GREGORY SQUARE 801 W. ROMANA STREET, UNIT C Address: Address:

City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32502

Title: () Delete Title: (X) Change () Addition Name: WHIBBS, J. DONOVAN

Name: WHIBBS, J. DONOVAN 105 EAST GREGORY SQUARE 801 W. ROMANA STREET, UNIT C Address: Address:

PENSACOLA, FL 32502 PENSACOLA, FL 32502 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

STONE, S. SCOTT Name: STONE, S. SCOTT Name:

105 EAST GREGORY SQUARE 801 W. ROMANA STREET, UNIT C Address: Address:

City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE N. WHIBBS D 01/19/2009