

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000072853		Secretary of State	
1. Entity Name WHITAKER ENTERPRISES, INC.			
Principal Place of Business 2810 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308		Mailing Address 2810 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308	
DO NOT WRITE IN THIS SPACE			
		03242004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3404310	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
WHITAKER, EDWIN T III 2810 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308			
DO NOT WRITE 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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD WHITAKER, EDWIN T III 2810 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S WHITAKER, DAVID ASHLEY 2810 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EV STILES, JAMES ALLEN IV 1767 HERMITAGE BLVD. TALLAHASSEE, FL 32308	
TITLE 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 form 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 reports is true, 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: 		3/24/2004 850-570-8	
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	