


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90020 040 ***158.75

DOCUMENT # P96000073103 1. Entity Name WHITEHEAD MARKETING & ASSOC. CORP.	
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Principal Place of Business 11880 W STATE ROAD 84 D-3 DAVIE, FL 33325	Mailing Address 11880 W STATE ROAD 84 D-3 DAVIE, FL 33325 US
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DO NOT WRITE IN THIS SPACE

07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0699018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITEHEAD, WILLIAM R 11880 W STATE RD 84 STE D-3 DAVIE, FL 33325
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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 <u>William Whitehead</u> <u>William Whitehead</u> <u>7-13-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEHEAD, RAY 11880 W ST ROAD 84, #D3 DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, WILLIAM R 11880 W ST. RD. 84 #D3 DAVIE, FL 33325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>William Whitehead</u> <u>William Whitehead</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7-13-04</u> <small>Date</small>	<u>754-914-6494</u> <small>Daytime Phone #</small>
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