

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000035670

1. Entity Name
WHISTLE CLEANERS, INC.



Principal Place of Business
11600 GLADIOLUS DR
#101
FORT MYERS, FL 33908 US

Mailing Address
7101-55 CYPRESS LAKE DR.
FORT MYERS, FL 33907 US



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0747041 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, WESS M
7101-55 CYPRESS LAKE DRIVE
FORT MYERS, FL 33907

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACOBS, MITCHELL R
STREET ADDRESS 7101-55 CYPRESS LAKE DRIVE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VPD
NAME JACOBS, BETTYE J
STREET ADDRESS 7101-55 CYPRESS LAKE DRIVE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE TD
NAME JACOBS, WESS M
STREET ADDRESS 7101-55 CYPRESS LAKE DRIVE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000514687
04/29/06-80180-011 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Wess M. Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/06

Date Daytime Phone #