

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028322

Entity Name: WHITEHALL QUALITY HOMES, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

2033 MAIN STREET #101
SARASOTA, FL 34237

New Principal Place of Business:

290 COCOANUT AVENUE
SARASOTA, FL 34236

Current Mailing Address:

290 COCOANUT AVE.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0938335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSICK, ROBERT ESQ
ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG
2033 MAIN STREET SUITE 600
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUSTARI, RONALD
Address: 290 COCOANUT AVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: MUSTARI, JOANNE
Address: 290 COCOANUT AVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD MUSTARI

D

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date