

FILED
Mar 06, 2006 08:00 AM
Secretary of State

Principal Place of Business
1687 WAVECREST ST.
MERRITT ISLAND, FL 32952-5619

Mailing Address
1687 WAVECREST ST.
MERRITT ISLAND, FL 32952-5619

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CRZE034 (11/05)

4. FEI Number	Applied For
59-3507473	Not Applicable

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

6. Name and Address of Current Registered Agent

WHALEY, DONNA M
1687 WAVECREST ST.
MERRITT ISLAND, FL 32952-5619

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

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

03/17/06-80002-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WHALEY, DONNA M
STREET ADDRESS	1687 WAVECREST ST.
CITY-ST-ZIP	MERRITT ISLAND, FL 329525619

TITLE	DS
NAME	GAULIN, STEVEN J
STREET ADDRESS	1687 WAVECREST ST.
CITY-ST-ZIP	MERRITT ISLAND, FL 329525819

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: Donna M. Whaley, President Whalin Services 3/3/06 (321) 543-5942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR