


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000087666
 1. Entity Name
WHISPERING PALMS PERFORMANCE HORSES, INC.



Principal Place of Business Mailing Address
4400 5TH STREET **P.O. BOX 469**
GRANT, FL 32949 **GRANT, FL 32949**

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3536967	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
 SCHMIDT, CARL F JR.
 4400 5TH ST.
 PO BOX 469
 GRANT, FL 32949

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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 _____
Signature of the registered agent or the incorporator Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1100000216750
 02/05/05-80061-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P SCHMIDT, CONTANCE G PO BOX 553 4400 5TH ST GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY ST ZIP	ST SCHMIDT, ERICA J 27 E. AVE B MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY ST ZIP	V SCHMIDT, TIFFANY F 4400 5TH ST., PO BOX 553 GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY ST ZIP	
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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)(c), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I 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: Constance A Schmidt Constance G Schmidt 2-2-05 321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE STATE OF FLORIDA