2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 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 GRANT, FL 32949	P.O. BOX 469 GRANT, FL 32949

DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3536967
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title 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	P
NAME	SCHMIDT, CONTANCE G
STREET ADDRESS	PO BOX 553 4400 5TH ST
CITY-ST-ZIP	GRANT, FL 32949
TITLE	ST
NAME	SCHMIDT, ERICA J
STREET ADDRESS	27 E. AVE B
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	V
NAME	SCHMIDT, TIFFANY F
STREET ADDRESS	4400 5TH ST., PO BOX 553
CITY-ST-ZIP	GRANT, FL 32949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/06-80007-003 150.00

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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: CONSTANCE G. SCHMIDT Constance G Schmidt 3-17-06 321-725-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #