

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000087666

FILED
Oct 07, 2009
Secretary of State

Entity Name: WHISPERING PALMS PERFORMANCE HORSES, INC.

Current Principal Place of Business:

4400 5TH STREET
GRANT, FL 32949

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 469
GRANT, FL 32949

New Mailing Address:

P.O. BOX 553
GRANT, FL 32949

FEI Number: 59-3536967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, CARL F JR.
P. O. BOX 469 4400 5TH ST.
GRANT, FL 32949 US

Name and Address of New Registered Agent:

SCHMIDT, CARL F JR.
P. O. BOX 553, 4400 5TH ST.
GRANT, FL 32949 US

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:

10/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMIDT, CONTANCE G
Address: PO BOX 553 4400 5TH ST
City-St-Zip: GRANT, FL 32949

Title: ST (X) Delete
Name: SCHMIDT, ERICA J
Address: 4400 5TH ST., P. O. BOX 553
City-St-Zip: GRANT, FL 32949

Title: V () Delete
Name: SCHMIDT, TIFFANY F
Address: 4400 5TH ST., PO BOX 553
City-St-Zip: GRANT, FL 32949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VST (X) Change () Addition
Name: SCHMIDT, TIFFANY F
Address: 4400 5TH ST., PO BOX 553
City-St-Zip: GRANT, FL 32949

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: CONSTANCE G. SCHMIDT

PRES

10/07/2009

Electronic Signature of Signing Officer or Director

Date