

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097083

Entity Name: WHIZZER, INC.

FILED
Jul 01, 2005
Secretary of State

Current Principal Place of Business:

5701 SW 75TH ST.
SUITE 205
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5701 SW 75TH
SUITE 205
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3542381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONK, HAROLD L III
5214 SW 94TH ST.
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

MONK, HAROLD L III
4806 SW 95TH TERRACE
GAINESVILLE, FL 32608 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:

07/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONK, HAROLD L III
Address: 5214 SW 94TH ST.
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: MONK, HAROLD L JR
Address: P.O. BOX 13494
City-St-Zip: GAINESVILLE, FL 32604

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 for the exemption stated in Section 119.07(3)(i), 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: HAROLD L. MONK, III

D

07/01/2005

Electronic Signature of Signing Officer or Director

Date