

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000034941

1. Entity Name
WHITSON, INC.



Principal Place of Business
**11378 OKEECHOBEE BLVD
ROYAL PALM BEACH, FL 33411**

Mailing Address
**11378 OKEECHOBEE BLVD
ROYAL PALM BEACH, FL 33411**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0916772** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NICHOLSON, RICHARD
11378 OKEECHOBEE BLVD
ROYAL PALM BEACH, FL 33411**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WHITEHEAD, SCOTT**
STREET ADDRESS **11378 OKEECHOBEE BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D**
NAME **NICHOLSON, RICHARD**
STREET ADDRESS **11378 OKEECHOBEE BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE
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STREET ADDRESS
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01/15/04-80055-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

119104 5617907148
Date Daytime Phone #