

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90013 047 ***150.00

DOCUMENT # P99000048466 1. Entity Name C.R. WHEDBEE PLASTERING, INC.			
Principal Place of Business 80 ROYAL PALM CIRCLE PORT ORANGE, FL 32127		Mailing Address 80 ROYAL PALM CIRCLE PORT ORANGE, FL 32127	
2. Principal Place of Business 330 S. Fern St. Suite, Apt. #, etc.		3. Mailing Address 330 S. Fern St. Suite, Apt. #, etc.	
City & State San Mateo, FL Zip 32187 Country USA		City & State San Mateo, FL Zip 32187 Country USA	
4. FEI Number 59-3583362		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEDBEE, CLARENCE 1720 MARYLAND AVENUE ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Whedbee, Clarence Street Address (P.O. Box Number is Not Acceptable) 330 S. Fern St. City San Mateo FL Zip Code 32187	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEDBEE, CLARENCE R 80 ROYAL PALM CIRCLE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Whedbee, CLARENCE, R 330 S. Fern St. San Mateo, FL 32187	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: C.R. Whedbee		3/6/06 386-547-1103	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	