

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000063426**

1. Entity Name  
**WHICHARD AND SONS SERVICES, INC.**



Principal Place of Business      Mailing Address

2901 172 STREET      2901 172 STREET  
 LAKE CITY, FL 32024      LAKE CITY, FL 32024

**DO NOT WRITE IN THIS SPACE**



04102005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**65-0834847**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WHICHARD, SIDNEY R SR.**  
 2801 172 ST.  
 LAKE CITY, FL 32024

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when releasing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHICHARD, SIDNEY SR 2901 172 ST. LAKE CITY, FL 32024
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U00000300410  
 04/12/05-80019-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sidney R. Whichard, Sr.      04-12-2005      386 963-1043  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Sidney R. Whichard, Sr.