

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 17, 2005 8:00 am
Secretary of State

04-19-2005 90386 041 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P99000103725			
1. Entity Name WHITAKER CONSTRUCTION COMPANY, INC.			
Principal Place of Business 3055 S. DEER AVE MIDDLEBURG FL 32068		Mailing Address 3055 S. DEER AVE MIDDLEBURG FL 32068	
2. Principal Place of Business 270 Old Jennings Rd Suite, Apt. #, etc.		3. Mailing Address 270 Old Jennings Rd Suite, Apt. #, etc.	
City & State Orange Park FL Zip 32065 Country USA		City & State Orange Park FL Zip 32065 Country USA	
4. FEI Number 59-3610302		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 WHITAKER, LANCE F 3055 S. DEER AVE MIDDLEBURG FL 32068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 270 Old Jennings Rd City Orange Park FL Zip Code 32065	
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: 4/13/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 WHITAKER, LANCE 248 OLD JENNINGS ROAD ORANGE PARK FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	270 Old Jennings Rd Orange Park, FL 32065 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		5/12/05 904 274-2444 Date Daytime Phone #	