

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90195 019 ***150.00

DOCUMENT # S40614

1. Entity Name
WHITNEY LEADERSHIP GROUP, INC.



Principal Place of Business
**1612 EAST CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

Mailing Address
**1612 EAST CAPE CORAL PARKWAY, SUITE A
CAPE CORAL, FL 33904**

40066881



DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0250432	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CODE, MARIE B
1612 EAST CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD WHITNEY, RUSSELL 1612 E. CAPE CORAL PARKWAY CAPE CORAL, FL 33904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, RONALD S 1612 E. CAPE CORAL PARKWAY CAPE CORAL, FL 33904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06
Date

239-542-0643
Daytime Phone #