


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V55042</b> 1. Entity Name <b>WHIRLWIND ENTERPRISES, INC.</b>		
Principal Place of Business <b>3690 W. LAKE HAMILTON DR. WINTER HAVEN, FL 33881</b>	Mailing Address <b>P.O. BOX 2809 HAINES CITY, FL 33845</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<b>6. Name and Address of Current Registered Agent</b>  <b>STEELE, KATRINKA 1093-A SHADY COVE EAST HAINES CITY, FL 33844</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>
<b>8.</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>STEELE, KATRINKA 1093-A SHADY COVE EAST HAINES CITY, FL 33844</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>12.</b> 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.		
<b>SIGNATURE:</b> <i>Katrinka Steele</i> <b>Katrinka Steele</b> <i>1-6-2006</i> <i>863-557-5437</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3141006** Applied For Not Applicable

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

000000380039  
01/10/06-80048-020 158.75