


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000057102**  
 1. Entity Name  
 WHIRLING DERVISH ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
 6508 COLGATE RD.                      6508 COLGATE RD.  
 JACKSONVILLE, FL 32217 US      JACKSONVILLE, FL 32217 US

**DO NOT WRITE IN THIS SPACE**



04222004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3260536      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BUGG, SHERWOOD L  
 6508 COLGATE RD.  
 JACKSONVILLE, FL 32217

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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 title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 BUGG, SHERWOOD L 6508 COLGATE RD. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BUGG, PAT R 6508 COLGATE RD. JACKSONVILLE, FL 32217
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 04/26/04-80151-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sherwood L Bugg* SHERWOOD L. BUGG      4-24-04      904-733-8857  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #