

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 408724

**Entity Name:** WHALEN COMPANY THE

**Current Principal Place of Business:**

GARY WHALEN  
12 AMBER LANE  
ASHEVILLE, NC 28803

**Current Mailing Address:**

GARY WHALEN  
12 AMBER LANE  
ASHEVILLE, NC 28803 US

**FEI Number:** 59-1414262

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HILLEGASS, WILLIAM  
427 3RD STREET NORTH  
JACKSONVILLE BEACH, FL 32250 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WHALEN, GARY D  
Address 12 AMBER LANE  
City-State-Zip: ASHEVILLE NC 28803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM HILLEGASS

**REGISTERED AGENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date