

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50806

Entity Name: WHISPER CREEK, INC.

Current Principal Place of Business:

1887 NORTH STATE ROAD 29
LABELLE, FL 33935

Current Mailing Address:

1887 NORTH STATE ROAD 29
LABELLE, FL 33935 US

FEI Number: 65-0029301

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHIRLEY, JUANITA MTREAS
1887 NORTH STATE ROAD 29
LABELLE, FL 33935 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 VP/D
Name CAVIN, JANET KVICE PR
Address % 1887 NORTH STATE ROAD 29
City-State-Zip: LABELLE FL 33935

Title S/D
Name CHRISTENSON, CHERI LSEC
Address % 1887 NORTH STATE ROAD 29
City-State-Zip: LABELLE FL 33935

Title T/D
Name SHIRLEY, JUANITA MTREAS
Address % 1887 NORTH STATE ROAD 29
City-State-Zip: LABELLE FL 33935

Title VP/D
Name SHIRLEY, WALTER AVICE PR
Address % 1887 NORTH STATE ROAD 29
City-State-Zip: LABELLE FL 33935

Title P/D
Name CAVIN, WILLIAM J
Address % 1887 NORTH STATE ROAD 29
City-State-Zip: LABELLE FL 33935

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: JUANITA M. SHIRLEY

TREASURER

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date