

**2015 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 SHIRLEY

**OWNER/TREAS**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date