

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061070

Entity Name: EDENFIELD & WHIDDEN INC.**Current Principal Place of Business:**711 N PARK ROAD
STE C
PLANT CITY, FL 33563**Current Mailing Address:**P.O. BOX 4170
PLANT CITY, FL 33563 US**FEI Number:** 56-2589633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHIDDEN, KARLENE
711 N PARK ROAD
PLANT CITY, FL 33563 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:** KARLENE WHIDDEN

03/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP/D
Name	EDENFIELD, KEVIN
Address	3505 NESMITH ROAD
City-State-Zip:	PLANT CITY FL 33566

Title	T/D
Name	EDENFIELD, SHARON
Address	3505 NESMITH ROAD
City-State-Zip:	PLANT CITY FL 33566

Title	S/D
Name	WHIDDEN, KARLENE
Address	P.O. BOX 4170
City-State-Zip:	PLANT CITY FL 33563

Title	PRESIDENT, DIRECTOR
Name	WHIDDEN, KARLENE
Address	711 N PARK ROAD STE C
City-State-Zip:	PLANT CITY FL 33563

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: KARLENE WHIDDEN

PRESIDENT

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date