

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 400963

1. Entity Name

TOM WHITE THE PRINTER, INC.



Principal Place of Business
310 JOHN GREY ST
PENSACOLA FL 32505

Mailing Address
P O BOX 18485
PENSACOLA FL 32523-8485

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GRAVES H EUGENE
202 PALMETTO ROAD
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 consolidating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD ☐ Delete
NAME: GRAVES, H. EUGENE
STREET ADDRESS: 202 PALMETTO ROAD
CITY-STATE-ZIP: GULF BREEZE FL

TITLE: VS ☐ Delete
NAME: GRAVES, H. EUGENE
STREET ADDRESS: 202 PALMETTO ROAD
CITY-STATE-ZIP: GULF BREEZE FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000645057
CITY-STATE-ZIP: 03/02/07-80068-017 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-07

Date

Daytime Phone #

FILED

Feb 23 2007 08:00 AM

CK# Secretary of State

DATE 2-20-07

APPROVED



1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1401532

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required