## 2007 FOR PROFIT CORPORATION ." **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #607621**

1. Entity Name

WHITE HOSKINS COOK AGENCY, INC.



**FILED** Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

6821 CENTRAL AVE. ST. PETERSBURG, FL 33710

Mailing Address

6821 CENTRAL AVE.

ST. PETERSBURG, FL 33710



04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1871863

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAUFF, BETTY 1740 51ST ST N

## DO NOT WRITE

ST PETERSBURG, FL 33710			IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	L purpose of changing its registere	d office or r	egistered agent, or both	in the State of Florida. I am familiar s	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	<del>-</del>	<del>, - ,</del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAUFF, BETTY 1740 51ST STREET NORTH ST PETERSBURG, FL 33710					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAUFF, BETTY 1740 51ST ST N ST PETE, FL 33710				U00000740530 05/14/07-80070-0	17 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	·
TITLE NAME STREET ADDRESS CITY: ST-ZIP				•		

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of 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:

TITLE NAME STREET ADDRESS

(727)381-4000