

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 8:00 am
Secretary of State**

01-12-2005 90014 021 ***150.00

DOCUMENT # 000000000000 1. Entity Name PO3 000105894 CHAD WILLHITE INC.		
Principal Place of Business Mailing Address 6276 BAKER ROAD 6276 BAKER ROAD KEYSTONE HEIGHTS, FL 32656 US KEYSTONE HEIGHTS, FL 32656 US		
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHAD WILLHITE 6276 BAKER RD. KEYSTONE HEIGHTS FL 32656		DO NOT WRITE IN THIS SPACE
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: <u>Chad Willhite</u> CHAD WILLHITE PRESIDENT 1-5-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAD WILLHITE 6276 BAKER RD. KEYSTONE HEIGHTS, FL 32656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Chad Willhite</u> CHAD WILLHITE 1-5-05 352-745-0379 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		