

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057723

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: WHITE CLOUD I, INC.

**Current Principal Place of Business:**

17310 SE 19 ST LEE AVENUE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

17310 SE 19 ST LEE AVENUE  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 22-2311631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GENOVESE, MICHAEL  
17310 SE 19 ST LEE AVENUE  
THE VILLAGES, FL 32162 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GENOVESE, MICHAEL  
Address: 17310 SE 19 ST LEE AVENUE  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: GENOVESE, ANTHONY  
Address: 17310 SE 19 ST LEE AVENUE  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: KAVEL, IDA  
Address: 17310 SE 19 ST LEE AVENUE  
City-St-Zip: THE VILLAGES, FL 32162

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: MICHAEL P GENOVESE

D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date