
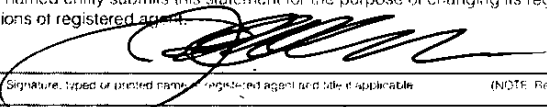
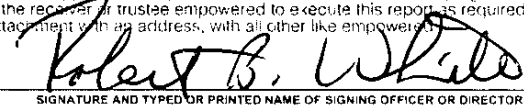


- 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90036 045 ***150.00

DOCUMENT # S04219			
1. Entity Name BOB WHITE, INC.		Principal Place of Business 8695 COLLEGE PKWY SUITE #310 FORT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		Mailing Address 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907	
3. Mailing Address City & State		4. FEI Number 65-0218945	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name JOHN M. WICKER, P.A. Street 12670 NEW BRITTANY BLVD., STE 101 City FORT MYERS, FL 33907 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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS WHITE, ROBERT B. 8695 COLLEGE PKWY STE 310 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowerments.			
SIGNATURE: 		Date: 4/7/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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01092008 Chg-P CR2E034 (12/06)