

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90044 012 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                         |                                                                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L54618</b><br>1. Entity Name<br><b>WHITEHOUSE CUSTOM SCREEN PRINTING<br/>INCORPORATED</b> |  |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>4903 8TH AVE SOUTH<br/>GULFPORT, FL 33707</b> | Mailing Address<br><b>4903 8TH AVE SOUTH<br/>GULFPORT, FL 33707</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

**66005044**



01082005 No Chg-P CR2E034 (10/03)

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|                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2996156</b>                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                                                        |

|                                                                                                                                  |                                       |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>WHITE, JOHN M<br/>5462 97TH WAY NORTH<br/>ST. PETERSBURG, FL 33708</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

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, the registered agent.

SIGNATURE: *John White* (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS |                         |
|----------------------------|-------------------------|
| TITLE                      | PD                      |
| NAME                       | WHITE, JOHN M.          |
| STREET ADDRESS             | 5462 97TH WAY N         |
| CITY-ST-ZIP                | ST PETERSBURG, FL 33708 |
| TITLE                      | VD                      |
| NAME                       | WHITE, DIANNE L.        |
| STREET ADDRESS             | 5462 97TH WAY N         |
| CITY-ST-ZIP                | ST PETERSBURG, FL 33708 |
| TITLE                      |                         |
| NAME                       |                         |
| STREET ADDRESS             |                         |
| CITY-ST-ZIP                |                         |
| TITLE                      |                         |
| NAME                       |                         |
| STREET ADDRESS             |                         |
| CITY-ST-ZIP                |                         |
| TITLE                      |                         |
| NAME                       |                         |
| STREET ADDRESS             |                         |
| CITY-ST-ZIP                |                         |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*John White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-07-05**

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_