

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 152379**

1. Entity Name  
**WHITMIRE LEASING CORPORATION**



Principal Place of Business

**2520 ISABELLE BLVD  
SUITE 10  
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address

**2520 ISABELLE BLVD  
SUITE 10  
JACKSONVILLE BEACH, FL 32250 US**



02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0622280**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WHITMIRE, G. W.  
4909 ARAPAHOE AVE  
JACKSONVILLE, FL 32210**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PETERSEN, J.W.<br>5090 ORTEGA FOREST DR<br>JACKSONVILLE, FL 32210                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WHITMIRE, G W<br>4909 ARAPAHOE<br>JACKSONVILLE, FL                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VDP<br>WHITMIRE JR, G W<br>2520 ISABELLE BLVD SUITE 10<br>JACKSONVILLE BEACH, FL 32250 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ROBISON, E.W.<br>4850 ORTEGA BLVD.<br>JACKSONVILLE, FL                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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03/28/08-80015-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

**SIGNATURE:**

*G.W. Whitmire, Jr.*

**G.W. Whitmire, Jr.**

**3/3/08**

**904.270.2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #