

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 165109**

1. Entity Name  
**WHITE FORD CO. INC.**



Principal Place of Business

**916 N YOUNG BLVD  
PO DRAWER 70  
CHIEFLAND, FL 32626**

Mailing Address

**P. O. BOX 70  
CHIEFLAND, FL 32644**



06122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0712467**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BARRETT, DONALD J.  
916 N YOUNG BLVD  
CHIEFLAND, FL 32626**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000567331  
06/19/06-80003-010 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, J M HWY US 19, NORTH CHIEFLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BARRETT, DONALD J. 916 N YOUNG BLVD CHIEFLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:**

*D. J. Barrett*

**DONALD J. BARRETT**

**06-12-06 352-493-4297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #