## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 225993**

Entity Name: WHITE TOWERS INC

KIPP, LORENE

216 23RD AVE NORTH

SAINT PETERSBURG, FL 33704

Name:

Address:

City-St-Zip:

FILED Feb 16, 2009 Secretary of State

		WERO IIVO		
Current Principal Place of Business:			New Principal Place	of Business:
43 DOLPH TREASUR	IN DR E ISLAND, FL	33706 US		
Current Mailing Address:			New Mailing Address:	
P O BOX 7 ST PETER	7998 SBURG, FL 33	3734 US		
FEI Number:	59-6069092	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Co	ırrent Registered Agent:	Name and Address	of New Registered Agent:
	ENE AVENUE N FERSBURG, FL	. 33704 US		
	named entity s of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,
SIGNATUR	RE:			
	Electroni	c Signature of Registered Age	nt	Date
Election Car	npaign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () JERGER, THOM 5900-98TH AVE PINELLAS PARK	NORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VD () JERGER, EVELY 43 DOLPHIN DR TREASURE ISL,		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	D () WHITE, ANN M 2507 264TH STF O'BRIEN, FL 30		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DST () CUNNINGHAM, M 100 SECOND AN SAINT PETERSE	/E N SUITE 320	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	VD ()	Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LORENE KIPP VD 02/16/2009