## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 288116** 

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: LUCY M. WHITE CORPORATION

( ) Delete

(X) Delete

LANEY, CECELIA L

REAGAN, SEAN D

12320 MCINTOSH RD.

1105 N. JOHNSON ST.

PLANT CITY, FL 33563

THONOTOSASSA, FL 33592

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:  12320 MCINTOSH RD. THONOTOSASSA, FL 33592				New Principal Place of Business:			
Current Mailing Address:  12320 MCINTOSH ROAD THONOTOSASSA, FL 33592			Ne	New Mailing Address:			
FEI Number: 59-1115520 FEI Num		FEI Number Applied For ( )	FEI Number	r Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LEMAR, JR, DAVID A CPA 6508 E FOWLER AVE TAMPA, FL 33617 US				LANEY, ROBERT L 673 WEST LUMSDEN RD. A BRANDON, FL 33511 US			
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.							
SIGNATURE: ROBERT L. LANEY				01/04/2008			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSD () E LANEY, ROBERT 12320 MCINTOS THONOTOSASSA	H ROAD				() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E LANEY, LESLIE A 12320 MCINTOS THONOTOSASSA	H RD	Add	e: me: dress: y-St-Zip:	TD LANEY, CEO 12320 MCIN THONOTOS		

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L. LANEY P 01/04/2008

(X) Change ( ) Addition

() Change () Addition

REAGAN, SEAN D

1105 N. JOHNSON ST.

PLANT CITY, FL 33563