

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 384599

1. Entity Name

WHITEHAVEN MOBILE COURT, INC.



FILED
Feb 06, 2004 08:00 AM
Secretary of State

Principal Place of Business

1030 MILITARY TRAIL
JUPITER FL 33458
US

Mailing Address

BOX-200
JUPITER FL 33458
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1362586**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, JUNE
9121 N MILITARY TR
STE 108
JUPITER FL 33458

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD ☐ Delete
STREET ADDRESS WHITE, ROBERT F
CITY-ST-ZIP 9121 N MILITARY TRAIL STE 108
PALM BEACH GARDENS FL 33410

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D ☐ Delete
STREET ADDRESS WHITE, JAMES O
CITY-ST-ZIP 9221 MYSTIC COVE TERR
HOBE SOUND FL 33455

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D ☐ Delete
STREET ADDRESS MCCLARNON, CAROL J.
CITY-ST-ZIP P.O. BOX 315
OTTO NC 28763

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D ☐ Delete
STREET ADDRESS MCGEE, MARGRET
CITY-ST-ZIP 956 ALL AMERICAN BLVD
PALM CITY FL 34990

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S ☐ Delete
STREET ADDRESS WHITE, JUNE
CITY-ST-ZIP 9121 N MILITARY TR, STE 108
PALM BEACH GARDENS FL 33410

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June White *June White* *Secretary 2/3/04* *561-627-5337*

Date

Daytime Phone #