2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 384599

Address:

City-St-Zip:

9121 N MILITARY TR. STE 108

PALM BEACH GARDENS, FL 33410

Entity Name: WHITEHAVEN MOBILE COURT INC.

FILED Jan 14, 2009 Secretary of State

Littly Na	ille. VVIIIIEI	AVEN WOBILE COOKT, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1030 MILITARY TRAIL			1030 MILITARY TRA	IL	
JUPITER,	FL 33458	US	108 JUPITER, FL 33458	US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
9121 N MI	LITARY TRAI	L			
SUITE 108					
	: 59-1362586	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
STE 108 PALM BEA	LITARY TR ACH GARDEN	IS, FL 33410 US	purpose of changing its register	ed office or registered agent, or both,	
	e of Florida.	Submits this statement for the	purpose or enanging its register	ed diffee of registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	WHITE, ROBE 9121 N MILITA) Delete RT F IRY TRAIL STE 108 GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WHITE, JAME 9221 MYSTIC HOBE SOUND	COVE TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MCCLARNON, P.O. BOX 315 OTTO, NC 28		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MCGEE, MAR 956 ALL AMER PALM CITY, F	RICAN BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (WHITE, JUNE) Delete	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT F. WHITE P 01/14/2009