

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 426400

Entity Name: WHITE LABORATORIES, INC.

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

624 DOUGLAS AVENUE
SUITE 1412
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

624 DOUGLAS AVENUE
SUITE 1412
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

110 BOMAR COURT
#122
LONGWOOD, FL 32750

New Mailing Address:

110 BOMAR COURT
#122
LONGWOOD, FL 32750

FEI Number: 59-1467303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, MARY LOU
624 DOUGLAS AVENUE
SUITE 1412
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

NEWBERRY, TOMI J
110 BOMAR COURT
#122
LONGWOOD, FL 32750 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: TOMI JO NEWBERRY

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WHITE, MARY LOU,
Address: 624 DOUGLAS AVE STE 1412
City-St-Zip: ALTAMONTE SPRINGS, FL 327142547

Title: VTD () Delete
Name: NEWBERRY, THOMAS E,
Address: 624 DOUGLAS AVE, STE 1412
City-St-Zip: ALTAMONTE SPRINGS, FL 327142547

Title: V (X) Delete
Name: NEWBERRY, TOMI JO WHITE
Address: 624 DOUGLAS AVE, STE 1412
City-St-Zip: ALTAMONTE SPRINGS, FL 327142547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NEWBERRY, TOMI J
Address: 110 BOMAR COURT #122
City-St-Zip: LONGWOOD, FL 32750

Title: VTD (X) Change () Addition
Name: NEWBERRY, THOMAS E
Address: 110 BOMAR COURT #122
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: TOMI JO NEWBERRY

PSD

01/09/2004

Electronic Signature of Signing Officer or Director

Date