

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 449792**

1. Entity Name  
**WHITEHURST BUILDERS, INC.**



Principal Place of Business

**5850 MACY AVE  
JACKSONVILLE, FL 32211**

Mailing Address

**5850 MACY AVE  
JACKSONVILLE, FL 32211**

**DO NOT WRITE IN THIS SPACE**



04122008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1521843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WHITEHURST, EARLE E  
5850 MACY AVE  
JACKSONVILLE, FL 32211**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000905546

05/01/08-80057-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITEHURST, EARLE E.
STREET ADDRESS	7311 TRAILS END
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	WHITEHURST, BEVERLY B.
STREET ADDRESS	7311 TRAILS END
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	WHITEHURST, TIMOTHY
STREET ADDRESS	5850 MACY AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**4/18/08 909772100**  
Date Daytime Phone #