2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# 856962

Entity Name: CHARLES N. WHITE CONSTRUCTION COMPANY

Current Principal Place of Business:

115 ISSAQUENA AVE
P.O. BOX 656
CLARKSDALE, MS 38614 US

New Principal Place of Business:

Current Mailing Address:

115 ISSAQUENA AVE
P.O. BOX 656
CLARKSDALE, MS 38614 US

New Mailing Address:

FEI Number: 64-0524151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S.PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: WHITE, CHARLES N SIR
Address: 9 OAK KNOLL
City-St-Zip: CLARKSDALE, MS

Title: PD ( ) Delete
Name: WHITE, CHARLES N JR
Address: 4220 RIVER GARDEN TRAIL
City-St-Zip: AUSTIN, TX 78746

Title: STD ( ) Delete
Name: WHITE, JEANNINE H.,
Address: 9 OAK KNOLL
City-St-Zip: CLARKSDALE, MS

Title: VPD ( ) Delete
Name: WHITE, GUY
Address: 115 ROYAL LYTHAM
City-St-Zip: JACKSON, MS 39211

Title: VP ( ) Delete
Name: HOLLIMAN, DAVID
Address: 232 PORTER DR
City-St-Zip: CLARKSDALE, MS 38614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DAVID HOLLIMAN VP 04/08/2005

Electronic Signature of Signing Officer or Director Date