## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 856962** 

City-St-Zip: CLARKSDALE, MS 38614

Entity Name: CHARLES N. WHITE CONSTRUCTION COMPANY

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
P.O. BOX			613 CRESCENT CIRCLE SUITE 101		
CLARKSD	DALE, MS 38614	US	RIDGELAND, MS 39157	US	
Current Mailing Address:			New Mailing Address:		
115 ISSAG	QUENA AVE		613 CRESCENT CIRCLE	_	
P.O. BOX		110	SUITE 101		
CLARKSD	DALE, MS 38614	US	RIDGELAND, MS 39157	US	
FEI Number	: 64-0524151	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
C T CORF	PORATION SYS	ГЕМ			
1200 S.PIN	NE ISLAND RD.				
PLANTATI	ION, FL 33324	US			
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Ag	ent	 Date	
Election Co.		Signature of Registered Ag	ent	Date	
Election Car		Signature of Registered Ag	ent	Date	
		Frust Fund Contribution ( ).		Date  TO OFFICERS AND DIRECTOR	
	mpaign Financing	Frust Fund Contribution ( ).	ADDITIONS/CHANGES		
OFFICERS Title: Name:	S AND DIRECTO  CD () E WHITE, CHARLE	Trust Fund Contribution ( ).  ORS:	ADDITIONS/CHANGES Title: ( ) Name:	TO OFFICERS AND DIRECTOR	
OFFICERS Title: Name: Address:	S AND DIRECTO  CD () E WHITE, CHARLE 9 OAK KNOLL	Trust Fund Contribution ( ).  ORS:  Pelete S N SIR	ADDITIONS/CHANGES Title: ( ) Name: Address:	TO OFFICERS AND DIRECTOR	
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I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: BRANDON, MS 39042

SIGNATURE:	DAVID HOLLIMAN	VP	01/18/2006