



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005732 1. Entity Name WHITEMARK HOMES, INC.	
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Principal Place of Business 650 SOUTH CENTRAL AVE., SUITE 1000 OVIEDO, FL 32765	Mailing Address 650 SOUTH CENTRAL AVE., SUITE 1000 OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1302097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, SCOTT D
655 WEST MORSE BLVD., SUITE 212
WINTER PARK, FL 32789**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000280731 03/30/05 00030 003 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	NAME WHITE, KENNETH L
STREET ADDRESS 650 SOUTH CENTRAL AVE., SUITE 1000	CITY-ST-ZIP OVIEDO, FL 32765
TITLE V	NAME RIGSBY, WILLIAM D
STREET ADDRESS 650 SOUTH CENTRAL AVE., SUITE 1000	CITY-ST-ZIP OVIEDO, FL 32765
TITLE STD	NAME CLARK, SCOTT D
STREET ADDRESS 650 SOUTH CENTRAL AVE., SUITE 1000	CITY-ST-ZIP OVIEDO, FL 32765
TITLE D	NAME HARLING, HUGH W JR.
STREET ADDRESS 832 COURTLAND STREET	CITY-ST-ZIP ORLANDO, FL 32804
TITLE D	NAME LEE, KAREN M
STREET ADDRESS 104 FOSSIL COURT	CITY-ST-ZIP SPRINGTOWN, TX 76082
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Kenneth L. White **3/28/05** **407**
RESIDENT **366-9668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #