


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90071 038 ***150.00

| | | |
|--|--|---|
| DOCUMENT # F01000005732 | |  |
| 1. Entity Name WHITEMARK HOMES, INC. | | |

| | |
|---|---|
| Principal Place of Business 650 SOUTH CENTRAL AVE., SUITE 1000 OVIEDO, FL 32765 | Mailing Address 650 SOUTH CENTRAL AVE., SUITE 1000 OVIEDO, FL 32765 |
|---|---|

40052414

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

*01132006 Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 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 | | 7. Name and Address of New Registered Agent | |
| CLARK, SCOTT D 655 WEST MORSE BLVD., SUITE 212 WINTER PARK, FL 32789 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | Zip Code FL | |

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, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---------------------------------------|

| | | | |
|---|--|--|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WHITE, KENNETH L | | NAME | |
| STREET ADDRESS 650 SOUTH CENTRAL AVE., SUITE 1000 | | STREET ADDRESS | |
| CITY-ST-ZIP OVIEDO, FL 32765 | | CITY-ST-ZIP | |
| TITLE V | <input type="checkbox"/> Delete | TITLE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RIGSBY, WILLIAM D | | NAME William A Rigby | |
| STREET ADDRESS 650 SOUTH CENTRAL AVE., SUITE 1000 | | STREET ADDRESS 650 South Central Ave, Suite 1000 | |
| CITY-ST-ZIP OVIEDO, FL 32765 | | CITY-ST-ZIP OVIEDO, FL 32765 | |
| TITLE STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CLARK, SCOTT D | | NAME | |
| STREET ADDRESS 650 SOUTH CENTRAL AVE., SUITE 1000 | | STREET ADDRESS | |
| CITY-ST-ZIP OVIEDO, FL 32765 | | CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARLING, HUGH W JR. | | NAME | |
| STREET ADDRESS 832 COURTLAND STREET | | STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO, FL 32804 | | CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LEE, KAREN M | | NAME | |
| STREET ADDRESS 104 FOSSIL COURT | | STREET ADDRESS | |
| CITY-ST-ZIP SPRINGTOWN, TX 76082 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: William D. Rigby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06

407-366-9668

Date

Daytime Phone #

Ext 309