

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90051 026 ***150.00

DOCUMENT # F03000004085

1. Entity Name

WHITE'S LANDSCAPE SUPPLY, INC.



Principal Place of Business

131 MEANDER TRACE
THOMASVILLE GA 31792

Mailing Address

PO BOX ~~3426~~ 1634
THOMASVILLE GA 31799

JUU16643



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

P.O. Box 1634

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2351625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, IAN C ESQ
285 NW 138TH TERRACE, STE. ~~100~~ 200
JONESVILLE FL 32669

Name

Street Address (P.O. Box Number is Not Acceptable)

285 NW 138th Terrace, Ste. 200

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
WHITE, CARLTON H
PO BOX ~~3426~~ 1634
THOMASVILLE GA 31799 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.O. Box 1634 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
WHITE, KATHRYN A
PO BOX ~~3426~~ 1634
THOMASVILLE GA 31799 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.O. Box 1634 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
WHITE, KATHRYN A
PO BOX ~~3426~~ 1634
THOMASVILLE GA 31799 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Box 1634 - ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathryn A. White

2/10/05 (229) 227-9107