

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90042 023 \*\*\*150.00

DOCUMENT # F04000006594

1. Entity Name  
WHITE MARSH CORPORATE SERVICES, INC.



Principal Place of Business  
4940 CAMPBELL BLVD.  
SUITE 100  
BALTIMORE, MD 21236

Mailing Address  
4940 CAMPBELL BLVD.  
SUITE 100  
BALTIMORE, MD 21236

2. Principal Place of Business - No P.O. Box #  
1025 S. SEMORAN BLVD.

3. Mailing Address  
Suite, Apt. #, etc.  
SUITE 1077

City & State  
WINTER PARK, FL

City & State

Zip  
32792

Country  
USA

Zip

Country

03052008 Chg-P CR2E034 (12/06)

4. FEI Number  
~~20-1628368~~ 20-1628368

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
LUNDEEN, KENNETH C  
4940 CAMPBELL BLVD, SUITE 100  
BALTIMORE, MD 212365910

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
STRAUCH, CHRISTOPHER J  
4940 CAMPBELL BLVD, SUITE 100  
BALTIMORE, MD 212365910

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary-Treasurer

04/10/08

410-931-9595

Date

Daytime Phone #