

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000002848 1. Entity Name BOB WHITE'S CAP, INC.	
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Principal Place of Business 270 PINE AVE LAUDERDALE BY THE SEA, FL 33308	Mailing Address 270 PINE AVE. 4875 N. FEDERAL HWY., 10TH FL. LAUDERDALE BY THE SEA, FL 33308
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0834439	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, ROBERT 270 PINE AVE. LAUDERDALE BY THE SEA, FL 33324
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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.

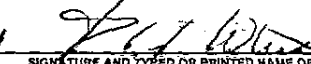
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000392890 01/24/06-80099-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRASSO, ANGELO 270 PINE AVE. LAUDERDALE BY THE SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUSSE, MICHAEL B 270 PINE AVE. LAUDERDALE BY THE SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, ROBERT 270 PINE AVE. LAUDERDALE BY THE SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  ROBERT WHITE, TREASURER	Date _____	Daytime Phone # 954-491-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		