

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002848

Entity Name: BOB WHITE'S CAP, INC.

FILED  
Feb 26, 2008  
Secretary of State

## Current Principal Place of Business:

270 PINE AVE  
LAUDERDALE BY THE SEA, FL 33308

## New Principal Place of Business:

## Current Mailing Address:

270 PINE AVE.  
4875 N. FEDERAL HWY., 10TH FL.  
LAUDERDALE BY THE SEA, FL 33308

## New Mailing Address:

FEI Number: 65-0834439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, ROBERT  
270 PINE AVE.  
LAUDERDALE BY THE SEA, FL 33324      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: GRASSO, ANGELO  
Address: 270 PINE AVE.  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: SD      ( ) Delete  
Name: STUSSE, MICHAEL B  
Address: 270 PINE AVE.  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: TD      ( ) Delete  
Name: WHITE, ROBERT  
Address: 270 PINE AVE.  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WHITE

TD

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date