

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59454

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: WHITE OAK LAND CORP.

## Current Principal Place of Business:

601 II RIVERSIDE AVENUE  
SUITE 619  
JACKSONVILLE, FL 32204 US

## New Principal Place of Business:

## Current Mailing Address:

601 II RIVERSIDE AVENUE  
SUITE 619  
JACKSONVILLE, FL 32204 US

## New Mailing Address:

FEI Number: 59-2319084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARTNER, W.A.  
1660 PRUDENTIAL DRIVE  
STE 203  
JACKSONVILLE, FL 32207 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: WINSTON, JAMES H  
Address: 4825 ORTEGA BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT ( ) Delete  
Name: MASON, MCKIMMON W  
Address: 6481 ROBIN DR  
City-St-Zip: LONGMONT, CO 80503

Title: DS (X) Delete  
Name: WINSTON, JAMES H JR.  
Address: 1455 OCEAN DRIVE #802  
City-St-Zip: MIAMI, FL 33139

Title: VS (X) Delete  
Name: ROSS, MARY A  
Address: 2803 UNISON COURT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: V (X) Delete  
Name: WINSTON, MARY B  
Address: 4825 ORTEGA BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: WINSTON, JAMES H P  
Address: 4825 ORTEGA BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VS (X) Change ( ) Addition  
Name: ROSS, MARY A V  
Address: 2803 UNISON COURT  
City-St-Zip: JACKSONVILLE, FL 32068

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 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: MARY A. ROSS

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

V

04/24/2007

\_\_\_\_\_  
Date