

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91287 007 ***150.00

DOCUMENT # H16800

1. Entity Name

J.L. WHITE & ASSOCIATES, INC.



Principal Place of Business

3103 HARBOR DR
SAINT AUGUSTINE FL 32084
US

Mailing Address

3103 HARBOR DR
SAINT AUGUSTINE FL 32084
US

2. Principal Place of Business

220 REDFISH CREEK DRIVE
Suite, Apt. #, etc.
10

3. Mailing Address

220 REDFISH CREEK DRIVE
Suite, Apt. #, etc.
0

City & State

SAINT AUGUSTINE, FLORIDA

City & State

SAINT AUGUSTINE, FLORIDA

Zip

32095

Country

USA

Zip

32095

Country

USA

4. FEI Number

59-2433871

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JIMMY L.
3103 HARBOR DR 220 REDFISH CREEK DRIVE
SAINT AUGUSTINE FL 32084 32095

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, 2004 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

TITLE DPS ☐ Delete
NAME WHITE, JIMMY L.
STREET ADDRESS 3103 HARBOR DR 220 REDFISH CREEK DR.
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 32095

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

Jimmy L. White 4-22-04 829-8438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #