

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # H16800

1. Entity Name

J.L. WHITE & ASSOCIATES, INC.



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

04-26-2004 91287 007 ***150.00

Principal Place of Business 3103 HARBOR DR SAINT AUGUSTINE FL 32084 US	Mailing Address 3103 HARBOR DR SAINT AUGUSTINE FL 32084 US
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2. Principal Place of Business 220 REDFISH CREEK DRIVE Suite, Apt. #, etc. 8	3. Mailing Address 220 REDFISH CREEK DRIVE Suite, Apt. #, etc. 8
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City & State SAINT AUGUSTINE, FLORIDA	City & State SAINT AUGUSTINE, FLORIDA
Zip 32095	Country USA
Zip 32095	Country USA

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
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WHITE, JIMMY L. 3103 HARBOR DR 220 REDFISH CREEK DRIVE SAINT AUGUSTINE FL 32084 32095	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #