2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H44800

1. Entity Name
ELI F. WHITE, D.D.S., P.A.

Principal Place of Business	Mailing Address
255 FORTENBERRY ROAD MERRITT ISLAND, FL 32952	255 FORTENBERRY ROAD MERRITT ISLAND, FL 32952

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

08132008   Chg-P   CR2E034 (12/06)

4. FEI Number	Applied For
59-2540014	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, ELI E. 255 FORTENBERRY ROAD MERRITT ISLAND, FL 32952	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)

U00000959785
09/15/08--00006-012 150.00
DATE

FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE **DP** NAME **WHITE, ELI E.** STREET ADDRESS **255 FORTENBERRY RD.** CITY-ST-ZIP **MERRITT ISLAND, FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 9/10/08 321 242-8169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Eli E White DDS