

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J16121

1. Entity Name

WHITE CITY GROVE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR 15 PM 3:20

Principal Place of Business

6043 TRAVELERS WAY  
FORT PIERCE FL 34982

Mailing Address

P.O. BOX 613  
FORT PIERCE FL 34954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2746183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSENS, NORMA A  
6043 TRAVELERS WAY  
FORT PIERCE FL 34982

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME CASSENS, NORMA A  
STREET ADDRESS 6043 TRAVELERS WAY  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition  
NAME 800054020138  
STREET ADDRESS 05/06/05--01075--025 \*\*150.00  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME DIXON, W. BRUCE JR.  
STREET ADDRESS 1998 SHINN ROAD  
CITY-ST-ZIP FORT PIERCE FL 34945

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

TITLE S ☐ Delete  
NAME DIXON, CATHERINE C  
STREET ADDRESS 1998 SHINN ROAD  
CITY-ST-ZIP FORT PIERCE FL 34945

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Norma Cassens* NORMA Cassens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 772-461-3317  
Date Daytime Phone #