2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

Procipial Place of Business Mailing Address P.O. BOX 513 PORT PIERCE, FL 34952 P.O. BOX 513 PORT PIERCE, FL 34952 P.O. BOX 513 PORT PIERCE, FL 34952 P.O. BOX 513 P.O. BOX 613 P.O.	EAST EARNELERS WAY FORT PIERCE, FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	DOCUMENT # J16121 1. Entity Name WHITE CITY GROVE, INC.					Secretary of State 04-07-2008 90049 011 ***150.00						
60.43 TRAVELERS WAY P.O. BOX 613 FORT PIERCE, FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	EAST EARNELERS WAY FORT PIERCE, FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	Principal Place	of Business	Mailing Address	<u>_</u>								
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8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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, 1,000 or presed name of registered agent and the isolation. PILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PRS OFFICER SAND NORMAN AX X NO R MA C 1955 CFS SIRET MORESS OITY-ST-2P FORT PIERCE, FL 34982 TILE NAME SIRET MORESS OITY-ST-2P FORT PIERCE, FL 34945 TILE NAME SIRET MORESS OITY-ST-2P FORT PIERCE, FL 34945 TILE NAME SIRET MORESS OITY-ST-2P FORT PIERCE, FL 34945 TILE NAME SIRET MORESS OITY-ST-2P FORT PIERCE, FL 34945 TILE NAME SIRET MORESS OITY-ST-2P FORT PIERCE, FL 34945 TILE NAME SIRET MORESS OITY-ST-2P FORT PIERCE, FL 34945 TILE NAME SIRET MORESS OITY-ST-2P TILE NAME SIRET MORESS OITY-ST-2P OCH PIERCE, FL 34945 TILE NAME SIRET MORESS OITY-ST-2P TILE Delde TILE NAME SIRET MORESS OITY-ST-2P TILE OITH NAME NAME SIRET MORESS OITY-ST-2P TILE OITH NAME NAME SIRET MORESS OITY-ST-2P TILE OITH NAME SIRET MORESS	8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASSENS, NORMMA— AXX, NORMA—A AXX, NORMA—A CASSENS, NORMMA—A AXX, NORMA—A CASSENS, NORMMA—A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Departs, hoped or correct rane of registered agent and the assistation. FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OFFICIERS AND DIRECTORS SIMET ADDRESS SIMET ADDRESS SIMET ADDRESS SINET ADDRESS SINET ADDRESS SINET ADDRESS SITE OFFICER AND SINET OFFICER AND SINET OFFICER AND SINET ADDRESS SITE OFFICER AND SINET OFFICER AND SINET OFFICER AND SINET ADDRESS SITE OFFICER AND SINET OFFICER AND SINET ADDRESS SITE OFFI OFFICER AND SINET ADDRESS SITE OFFI OFFI	City & State		City & State					· · · · · · · · · · · · · · · · · · ·				
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2. 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 eath; 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 axy-Norma	CASSENS AXX	4/4	108 -331
	BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	- ()	Daytime Phone #