

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L26298

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** WHITE LION ANTIQUES, INC.

**Current Principal Place of Business:**

146 NW 7TH ST  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1476  
HOMESTEAD, FL 33090

**New Mailing Address:**

**FEI Number:** 65-0173635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SWANK, SALLYANN  
122 NW 7TH ST  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SWANK, SALLYANN E.  
Address: 122 NW 7TH ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: P  
Name: SWANK, SHANNON D  
Address: 122 N.W. 7 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: V  
Name: SWANK, LORYANN  
Address: 122 N.W. 7 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: S  
Name: JONES, KATIE P  
Address: 122 NW 7 STREET  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALLYANN SWANK

D

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date