## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Apr 29, 2008 8:00 am Secretary of State DOCUMENT #L92344 04-29-2008 90088 021 \*\*\*150 00 1. Entity Name DORIS WHITE REALTY, INC. 4000 Principal Place of Business Mating Address 3047 S. US #1 3047 S. US #1 FT. PIERCE, FL 34982 FT. PIERCE, FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3712 Outrigger (+ Suite, Apt. #, etc. 37/2 Outrigger 4. Suite, Apt. #, etc. 02252008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For City & State FORT 59-3025790 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 5.4 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOWERBY, DAVID N. Street Address (P.O. Box Number is Not Acceptable) 2940 S 25TH ST **SUITE 5** FT PIERCE, FL 34981 City Zio 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ■ Addition NUME WHITE, DORIS L. NAME 3712 OUTRIGGER COURT STRIFFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE, FL MLE ST □ Delete MLE ☐ Change ☐ Addition WHITE, DORIS L. MALA MALIT STREET ADDRESS 3712 OUTRIGGER COURT STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL CITY-ST-7IP MLE □ Delete TITLE ☐ Change ■ Addition WHITE, JUSTIN A. MALE MALEF STREET ADDRESS 3712 OUTRIGGER COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. PIERCE, FL me ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Dogish white Appender 4/110/08 772-466-5674

**FILED**