

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # M64217**

1. Entity Name  
**WHITE'S ORIENTAL RUG SERVICE, INC.**



Principal Place of Business  
**949 YULEE ST.  
TALLAHASSEE, FL 32304 US**

Mailing Address  
**% DOUGLAS S. WHITE  
2906 JOYCE DR.  
TALLAHASSEE, FL 32303**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2865235**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHITE, DOUGLAS S.  
2906 JOYCE DR.  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

0000000829641  
02/26/08-80049-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WHITE, DOUGLAS S. 2906 JOYCE DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WHITE, PAMELA J. 2906 JOYCE DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Douglas White **DOUGLAS WHITE** 2-14-08 850-576-2446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #