

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**REJECTED**

06-13-2005 90277 001 \*\*\*\*\*8.75

06-13-2005 90277 002 \*\*\*150.00

P00000075923

**FILED**  
**Aug 29, 2005 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # P00000075923</b>			
1. Entity Name <b>WHITE BOYS, INC.</b>			
Principal Place of Business <b>5453 LK. MARGARET DR., STE J ORLANDO, FL 32812</b>		Mailing Address <b>5453 LK. MARGARET DR., STE J ORLANDO, FL 32812</b>	
2. Principal Place of Business <b>5453 LK. MARGARET DR.</b>		3. Mailing Address <b>5453 LK. MARGARET DR.</b>	
Suite, Apt. #, etc. <b>UNIT J</b>		Suite, Apt. #, etc. <b>UNIT J</b>	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32812</b>		Country <b>USA</b>	
4. FEI Number <b>52-2264594</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MOORE, MICHAEL L ESQ. 640 N. HILLSIDE AVE ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL MOORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>640 N. HILLSIDE AVE</b> City <b>ORLANDO</b> FL Zip Code <b>32803</b>	
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 <b>Michael L. Moore</b> <b>6-1-05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D WHITE, BRENDA 5453 LAKE MARGARET DR., UNIT J ORLANDO, FL 32812</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>Brenda White</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>5/24/05 (407) 508-9972</b> Date Daytime Phone #	