

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90002 011 \*\*\*150.00

**54055740**



03152003 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000100541</b>			
1. Entity Name <b>THE SAM WHITE COMPANY</b>			
Principal Place of Business <b>1070 LAUREL RD E #396A NAKOMIS, FL 34275-1074</b>		Mailing Address <b>P.O. BOX 1074 NAKOMIS, FL 34275-1074</b>	
2. Principal Place of Business <b>916 Hampton Rd.</b>		3. Mailing Address <b>916 Hampton Rd.</b>	
Suite, Apt. #, etc. <b>NAKOMIS, FL 34275</b>		Suite, Apt. #, etc. <b>NAKOMIS, FL 34275</b>	
City & State <b>NAKOMIS FL</b>		City & State <b>NAKOMIS FL</b>	
Zip <b>34275</b>	Country <b>U.S.A.</b>	Zip <b>34275</b>	Country <b>U.S.A.</b>
4. FEI Number <b>01-0282858</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LIEBERMAN, ERIK R. 227 NOKOMIS AVENUE S VENICE, FL 34285</b>		7. Name and Address of New Registered Agent Name <b>Francoise White</b> Street Address (P.O. Box Number is Not Acceptable) <b>916 Hampton Rd.</b> City <b>NAKOMIS</b> FL <b>34275</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>Francoise White</b> <b>Francine L. White</b> <b>5/24/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SHELTON S JR 435 WEST AUBURN ROAD AUBURN, ME 04210 <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	D WHITE, FRANCOISE L 435 WEST AUBURN ROAD AUBURN, ME. 04210 <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
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
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
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 register 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>Shelton S White Jr.</b> <b>5/24/04</b> <b>207-782-0782</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>941-485-4741</b>			