


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90006 012 \*\*\*150.00

<b>DOCUMENT # P01000083300</b>	
1. Entity Name <b>WHITEROCK AND ASSOCIATES, INC.</b>	

Principal Place of Business <b>5052 BLUE SPRINGS RD MARIANNA FL 32446</b>	Mailing Address <b>C/O THOMAS C. WILKINSON POST OFFICE BOX 138 MARIANNA FL 32447</b>
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2. Principal Place of Business <b>1404 ENTERPRISE ST.</b>	3. Mailing Address <b>P.O. BOX 99</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DOTHAN, AL</b>	City & State <b>DOTHAN, AL</b>
Zip <b>36303</b>	Zip <b>36302</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>62-1865688</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>FOSTER, JAMES L 5052 BLUE SPRINGS RD. MARIANNA FL 32446</b>	7. Name and Address of New Registered Agent Name <b>THOMAS C. WILKINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2881 JEFFERSON ST.</b> City <b>MARIANNA</b> FL Zip Code <b>32446</b>
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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 *Thomas C. Wilkinson* DATE *March 8, 2004*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FOSTER, WOODROW H 1404 ENTERPRISE ST DOTHAN AL 36302</b> <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	<b>ST FOSTER, DEBBIE 1404 ENTERPRISE ST. DOTHAN AL 36302</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Deborah Foster* **Debbie Foster, Secretary-Treasurer** 334/702-0075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #