

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000083300

1. Entity Name

WHITEROCK AND ASSOCIATES, INC.



Principal Place of Business

1404 ENTERPRISE ST  
DOTHAN, AL 36303

Mailing Address

C/O THOMAS C. WILKINSON  
2881 JEFFERSON STREET  
MARIANNA, FL 32446

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-1865688	Applied For 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

WILKINSON, THOMAS C  
2881 JEFFERSON ST  
MARIANNA, FL 32446

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FOSTER, WOODROW H  
STREET ADDRESS 1404 ENTERPRISE ST  
CITY - ST - ZIP DOTHAN, AL 36302

TITLE ST  
NAME FOSTER, DEBBIE  
STREET ADDRESS 1404 ENTERPRISE ST.  
CITY - ST - ZIP DOTHAN, AL 36302

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

U00000663187  
03/21/07-80041-017 150.00

**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:

*Debbie Foster*

Debbie Foster, Sec.-Treas.

3/5/07

334/702-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #