

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-11-2005 90053 003 ***150.00

DOCUMENT # P01000089237			
1. Entity Name WHITE.FOX, INC.			
Principal Place of Business 825 BAY ROAD PENSACOLA, FL 32503		Mailing Address 825 BAY ROAD PENSACOLA, FL 32503	
2. Principal Place of Business		3. Mailing Address 3545 Rothschild Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pensacola FL	
Zip	Country	Zip	Country
32503	USA	32503	USA
4. FEI Number 59-3943406		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name MAGER, RANSOME M		Name	
Street Address (P.O. Box Number is Not Acceptable) 825 BAY BLVD		Street Address (P.O. Box Number is Not Acceptable) 3545 Rothschild Dr	
City PENSACOLA, FL 32503		City Pensacola FL	
		Zip Code 32503	
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 <i>[Signature]</i>		DATE 3-11-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
After May 1, 2005 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGER, RANSOME M 825 BAY BLVD PENSACOLA, FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3545 Rothschild Dr Pensacola, FL 32503 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGER, SUZANNE M 825 BAY BLVD PENSACOLA, FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3545 Rothschild Dr Pensacola, FL 32503 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>[Signature]</i>		Date 3-11-05	
Signature and typed or printed name of signing officer or director		Daytime Phone # 850 327-6617	