

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90024 039 \*\*\*150.00

**DOCUMENT # P01000089237**

1. Entity Name  
**WHITE FOX, INC.**



Principal Place of Business  
**825 BAY ROAD  
PENSACOLA, FL 32503**

Mailing Address  
**3545 ROTHSCHILD DR  
PENSACOLA, FL 32503**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**Mager  
5650 Enchanting Oaks Dr.  
Pensacola, FI 32504**

**Mager  
5650 Enchanting Oaks Dr.  
Pensacola, FI 32504**

04062008 Chg-P CR2E034 (12/08)

4. FEI Number  
**59-3743408**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGER, RANSOME M  
5650 Enchanting Oaks Dr.  
Pensacola, FI 32504**

Name **SUZANNE M. MAGER**

Street Address (P.O. Box Number is Not Acceptable)

**5650 Enchanting Oaks Dr.  
Pensacola, FI 32504**

City **FL** Zip Code

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 re-registering)

DATE

**4-6-08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MAGER, RANSOME M**  
STREET ADDRESS **5650 Enchanting Oaks Dr.**  
CITY-ST-ZIP **Pensacola, FI 32504**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MAGER, SUZANNE M**  
STREET ADDRESS **5650 Enchanting Oaks Dr.**  
CITY-ST-ZIP **Pensacola, FI 32504**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-6-08 850-607-6868**