## 2005 FOR PROFIT CORPORATION

**FILED** Feb 08, 2005 08:00 AM Secretary of State

ANN	IUAL KEPOKI	
DOCUMENT # P0200  1. Entity Name WHITED CORPORATION	00009093	
Principal Place of Business 9970 LAKE SEMINOLE DR. WEST LARGO, FL 33773	Mailing Address 9970 LAKE SEMINO LARGO, FL 33773	DLE DR. WEST

WHITED	CORPORATION						
•	Atace of Business Mailing Address SE SEMINOLE DR. WEST 9970 LAKE SEMINOLE DR. WEST L 33773 LARGO, FL 33773						
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent		D1242005 No Chg-P CR2E034 (10/03)  4. FEI Number					
LOVELACE, WILLIAM K ESQ. 401 S. LINCOLN AVE. CLEARWATER, FL 33756		DO NOT WRITE IN THIS SPACE					
8. The above the obligat	e named entity submits this statement to tions of registered agent.	transition of the state of the		man y coloque Ologo coloque	1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	ida. I am familiar with, and a	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.	ncing <b>\$5.</b>	00 May Be ed to Fees			
10. I DE MOSS TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITED, ANN						(
TITLE NAME STREET ADDRESS CITY-ST-ZIP		d <b>ie</b> er is			U000002 02/08/05-6	219908 30046-025 150.0 -	() ()
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				NOT W		į
TITLE NAME STREET ADDRESS CITY-ST-ZIP		er om er		IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CERT TO THE	ung of Care			nen en		
TITLE TITLE NAME STREET ADDRESS CITY, ST-ZIP	The same wife to Select	9. Goulon Cantalign in Tree Florid Cantalign	El jer	13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14		W. C.	المراجع والمراجع
12. I hereby o	certify that the information supplied with	this filing does not qualify for the exe	emption stated in Sec	ction 119.07(3)(i)	, Florida Statutes, I f	urther certify that the inform	ation

Thereby certify that the information supplied with this hilling does not quellify or the exemption stated in Section 119.07(3)(i). Florida Statutes, (futner certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under orath; 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;