

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90285 002 ***158.75

DOCUMENT # P02000010393

1. Entity Name
WHITE'S TRANSMISSIONS, INC.



Principal Place of Business
**2728 EDWARD AVENUE
PANAMA CITY, FL 32466**

Mailing Address
**2728 EDWARD AVENUE
PANAMA CITY, FL 32466**

00043343



2. Principal Place of Business

2728 Edward Avenue
Suite, Apt. #, etc.

3. Mailing Address

2728 Edward Avenue
Suite, Apt. #, etc.

04052006 Chg-P CR2E034 (11/05)

City & State

Panama City, FL
Zip Country

32405

City & State

Panama City, FL
Zip Country

32405

4. FEI Number
47-0846925

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, STACY
10710 HAPPYVILLE RD.
YOUNGSTOWN, FL 32466**

7. Name and Address of New Registered Agent

Name

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

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, MARTHA
STREET ADDRESS 10714 HAPPYVILLE RD.
CITY-ST-ZIP YOUNGSTOWN, FL 32466 ☐ Delete

TITLE VD
NAME WHITE, STACY
STREET ADDRESS 10710 HAPPYVILLE RD.
CITY-ST-ZIP YOUNGSTOWN, FL 32466 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Martha White** **Martha White**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/06 **(850) 832-6148**
Date Daytime Phone #