


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000023588</b> 1. Entity Name <b>KEVIN P. WHITE ENTERPRISES, INC.</b>	
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Principal Place of Business <b>34828 1ST AVENUE LEESBURG FL 34788</b>	Mailing Address <b>34828 1ST AVENUE LEESBURG FL 34788</b>
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2. Principal Place of Business - No P.O. Box # <b>SAME</b>	3. Mailing Address <b>SAME</b>	1st MOORE CR2E034 (10/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>32-0004830</b>
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>KINGSTON, LINDA D ESQ. 36 NORTH PARK AVENUE APOPKA FL 32703</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, KEVIN P		NAME		
STREET ADDRESS	34828 1ST AVENUE		STREET ADDRESS	U00000644560	
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST-ZIP	03/02/07-80048-009 150.00	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOSEPH P		NAME		
STREET ADDRESS	34828 1ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, KEVIN P		NAME		
STREET ADDRESS	34828 1ST AVE.		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, LINDA L		NAME		
STREET ADDRESS	648 MEADOWBROOK DR.		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Kevin P White **Kevin P WHITE** 2/26/07 3522501050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #