

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90036 023 \*\*\*158.75



DOCUMENT # P02000023588

1. Entity Name

KEVIN P. WHITE ENTERPRISES, INC.

Principal Place of Business  
 34828 1ST AVENUE  
 LEESBURG FL 34788

Mailing Address  
 34828 1ST AVENUE  
 LEESBURG FL 34788



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

32-0004830

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

KINGSTON, LINDA D ESQ.  
 36 NORTH PARK AVENUE  
 APOPKA FL 32703

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 State of application.

MOORE Registered Agent application requires when name being

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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            |
| NAME           | WHITE, KEVIN P          |  |
| STREET ADDRESS | 34828 1ST AVENUE        |  |
| CITY-STATE-ZIP | LEESBURG FL 34788       |  |
| TITLE          | VP                      | <input type="checkbox"/> Delete            |
| NAME           | WHITE, JOSEPH P         |  |
| STREET ADDRESS | 34828 1ST AVENUE        |  |
| CITY-STATE-ZIP | LEESBURG FL 34788       |  |
| TITLE          | STD                     | <input type="checkbox"/> Delete            |
| NAME           | WHITE, KEVIN P          |  |
| STREET ADDRESS | 34828 1ST AVE.          |  |
| CITY-STATE-ZIP | LEESBURG FL 34788       |  |
| TITLE          | ST                      | <input checked="" type="checkbox"/> Delete |
| NAME           | DAVENPORT, LINDA L      |  |
| STREET ADDRESS | 648 MEADOWBROOK DR.     |  |
| CITY-STATE-ZIP | WINTER SPRINGS FL 32708 |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-ZIP |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-ZIP |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-ZIP |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ST DECOAR J HARRIS |  |
| STREET ADDRESS | 34828 1ST AVE      |  |
| CITY-STATE-ZIP | LEESBURG FL 34788  |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-ZIP |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-STATE-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 empowerors.

SIGNATURE: *Kevin P. White* KEVIN P. WHITE 1-25-08 352-250-1050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #