

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90039 038 \*\*\*150.00

DOCUMENT # P02000039508

1. Entity Name  
CAHABA CLUBS' HERBAL OUTPOST, INC.



Principal Place of Business

18625 RUSTIC WOODS TRAIL  
ODESA, FL 33556

Mailing Address

18625 RUSTIC WOODS TRAIL  
ODESA, FL 33556

40004101



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

18625 Rustic Woods Tr.  
Suite, Apt. #, etc.

3. Mailing Address

18625 Rustic Woods Tr.  
Suite, Apt. #, etc.

01022008

Chg-P

CR2E034 (12/06)

City & State

Odessa FL

City & State

Odessa FL

4. FEI Number

62-1442593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILHITE, MARVIN E SR.  
1718 KINGSLEY AVENUE  
ORANGE PARK, FL 32073

Name

N/A

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **President, CEO**  
STREET ADDRESS WILHITE, MARVIN E JR.  
CITY-ST-ZIP 18625 RUSTIC WOODS TRAIL  
ODESA, FL 33556

TITLE ☐ Delete  
NAME **President, CEO**  
STREET ADDRESS **MARVIN E. WILHITE JR.**  
CITY-ST-ZIP **18625 RUSTIC WOODS TRAIL**  
**ODESSA FL 33556**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 the 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:

**MARVIN E. WILHITE JR. MARVIN E. WILHITE JR. - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-08

813629  
0333