

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90018 026 ***150.00

DOCUMENT # P02000044910

1. Entity Name
WHITE OAK TRAIL - MLC, INC.



Principal Place of Business
**13400 SUTTON PARK DRIVE SOUTH
SUITE 1402
JACKSONVILLE, FL 32224**

Mailing Address
**13400 SUTTON PARK DRIVE SOUTH
SUITE 1402
JACKSONVILLE, FL 32224**



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3655708** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONTGOMERY, MITCHELL R
13400 SUTTON PARK DRIVE SOUTH
SUITE 1402
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MONTGOMERY, MITCHELL R**
STREET ADDRESS **13400 SUTTON PARK DRIVE SOUTH #1402**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **VP**
NAME **RUDOLPH, MAURICE**
STREET ADDRESS **13400 SUTTON PK DR S, #1402**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **VP**
NAME **HITE, PATSY A**
STREET ADDRESS **13400 SUTTON PK DR S #1402**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07 9048217171

Date

Daytime Phone #