

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90029 012 \*\*\*150.00

**DOCUMENT # P02000110287**

1. Entity Name

WHITEACRE SOUTH, INC.



Principal Place of Business

13336 WINDCREST DR  
PORT CHARLOTTE FL 33953

Mailing Address

13336 WINDCREST DR  
PORT CHARLOTTE FL 33953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number  
14-1861968

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, ROBERT E  
13336 WINDCREST DR  
PORT CHARLOTTE FL 33953

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, 2004 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT E	
STREET ADDRESS	13336 WINDCREST DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ROBERT E.	
STREET ADDRESS	13336 WINDCREST DR.	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33953	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, MARCIA J.	
STREET ADDRESS	13336 WINDCREST DR.	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33953	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, JOHN D.	
STREET ADDRESS	9380 E. WINDWOOD LOOP	
CITY-ST-ZIP	INVERNESS, FL. 34450	
TITLE	D/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, ELIZABETH A.	
STREET ADDRESS	9380 E. WINDWOOD LOOP	
CITY-ST-ZIP	INVERNESS, FL. 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIXON, GLORIA	
STREET ADDRESS	114 MIMOSA CT.	
CITY-ST-ZIP	KISSIMMEE, FL. 34746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOSSETT CAROLYN E.	
STREET ADDRESS	513 N. WHEELING AVE	
CITY-ST-ZIP	MUNCIE, IN. 47303	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert E White ROBERT E. WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04 (941) 743-5151

Date

Daytime Phone #