


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000110287 1. Entity Name WHITEACRE SOUTH, INC.	
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Principal Place of Business 13336 WINDCREST DR PORT CHARLOTTE, FL 33953	Mailing Address 13336 WINDCREST DR PORT CHARLOTTE, FL 33953
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1861968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, ROBERT E 13336 WINDCREST DR PORT CHARLOTTE, FL 33953	DO NOT WRITE IN THIS SPACE
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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITE, ROBERT E 13336 WINDCREST DR PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, MARCIA J 13336 WINDCREST DR PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, JOHN D 9380 E WINDWOOD LOOP INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS WHITE, ELIZABETH A 9380 E WINDWOOD LOOP INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, GLORIA 114 MIMOSA CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASSETT, CAROLYN E 513 N WHEELING AVE MUNCIE, IN 47303

000000217271
02/07/05-80019-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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** 1-31-05 (941) 743-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #