2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01/18/08 90009 012 $100.00

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DOCUMENT # P02000110287

1. Entity Name
WHITEACRE SOUTH, INC.

Principal Place of Business	Mailing Address
13336 WINDCREST DR PORT CHARLOTTE, FL 33953	13336 WINDCREST DR PORT CHARLOTTE, FL 33953

DO NOT WRITE IN THIS SPACE

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

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DV
NAME	WHITE, ROBERT E
STREET ADDRESS	13336 WINDCREST DR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	D
NAME	WHITE, MARCIA J
STREET ADDRESS	13336 WINDCREST DR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	DP
NAME	WHITE, JOHN D
STREET ADDRESS	9380 E WINDWOOD LOOP
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	DTS
NAME	WHITE, ELIZABETH A
STREET ADDRESS	9380 E WINDWOOD LOOP
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	DIXON, GLORIA
STREET ADDRESS	319 HATFIELD DR
CITY-ST-ZIP	FRANKLIN, TN 37064
TITLE	D
NAME	NOSSETT, CAROLYN E
STREET ADDRESS	590 REDWOOD DR
CITY-ST-ZIP	PENDLETON, IN 46064

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2/12

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: Elizabeth A. White 1/15/08 352-586-6118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #