

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P03000027700

1. Entity Name
WHITE HOMES, INC.



Principal Place of Business
3905 E. 3 ST.
LEHIGH ACRES, FL 33972

Mailing Address
3905 E. 3 ST.
LEHIGH ACRES, FL 33972



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1664980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, DON
3905 E. 3 ST.
LEHIGH ACRES, FL 33972

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000702518
04/20/07-80100-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WHITE, DAVID
3905 E. 3RD ST.
LEHIGH ACRES, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WHITE, DON
3905 E. 3RD ST
LEHIGH ACRES, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
WHITE, JIM R
3905 E. 3RD ST.
LEHIGH ACRES, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 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

Date

Daytime Phone #

239-368-0238

JAN 14 07