2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 04, 2008 8:00 am Secretary of State

ANNOAL REPORT					~~~	J J	
DOCUI 1. Entity Nam TERI WH		502		_	06-04-2008	3 90004 040	0 ***150.00
Principal Place	e of Business	Mailing Address	•				
12 N. U.S. HI DEBARY, FL	NY. 17-92	212 ADMIRAL LANE DEBARY, FL 32713					
D	O NOT WRITE	CE	01152008	No Chg-P	CR2E034	(11/05)	
			~ –	4. FEI Numb			Not Applicable
					of Status Desired		.75 Additional Required
	5. Name and Address of Current R	egistered Agent					
WHITE, TERI L 212 ADMIRAL LANE DEBARY, FL 32713			DO NOT WRITE IN THIS SPACE				
9. The obour	and asit Arbanita this statement for	the purpose of changing its register	ad affice as sociates		oth in the Ptota of Cla	side (as for	III and and
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ea office or register	ea agent, or bo	oth, in the State of Fic	orida. Tam fam	liar with, and accept
SIGNATURE_	Signature, typed outstrinted name of registered agent an	d litte if applicable. (NOTE: Registers	ed Agent signature required	when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2088 Fee will be \$550.0	noing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND D	IRECTORS	_				
TITLE	PSD						
NAME	WHITE, TERI						
STREET ADDRESS CITY-ST-ZIP	212 ADMIRAL LANE DEBARY, FL 32713						
	DEBART, TE 32713		-				
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP			J				
TITLE							:
NAME							
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CITY-ST-ZIP	1		1	_			
TITLE NAME			İ	IN	THIS SF	ACE	
STREET ADDRESS			İ				
CITY-ST-ZIP			J				
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NAME							
STREET ADDRESS							
CITY-ST-ZIP			-1				!
TITLE	\						

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: _			_
SIGNALUKE	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

NAME STREET ADDRESS CITY-ST-ZIP