

**FILED**  
**Mar 17, 2006 08:0**  
**Secretary of Sta**

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000096991**

1. Entity Name  
**WHYTE & ASSOCIATES, INC.**



Principal Place of Business  
**7238 MARLOW PLACE  
UNIVERSITY PARK, FL 34201**

Mailing Address  
**7238 MARLOW PLACE  
UNIVERSITY PARK, FL 34201**



02232006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2395506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	

**6. Name and Address of Current Registered Agent**

**WHYTE, JOHN R  
7238 MARLOW PLACE  
UNIVERSITY PARK, FL 34201**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>WHYTE, JOHN R</b>
STREET ADDRESS	<b>7238 MARLOW PLACE</b>
CITY-ST-ZIP	<b>UNIVERSITY PARK, FL 34201</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03/28/06-80047-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

**March 13, 2006 94136002**

No Chg-P

CRZE034 (11/05)