

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90179 012 ***150.00

DOCUMENT # P03000145928

1. Entity Name
WHITE'S HOUSEWASHING, INC.



Principal Place of Business
**10465 TOWERIDGE RD
PENSACOLA, FL 32526**

Mailing Address
**P.O. BOX 7430
PENSACOLA, FL 32534**



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0553838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEARS, M. ANN
6160 N. DAVIS HIGHWAY
SUITE 8
PENSACOLA, FL 32504**

**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 NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, DAVID L 10465 TOWERIDGE RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WHITE, BRIAN L 2408 TRAILWOOD DR. 6502 East Shore Drive CANTONMENT, FL 32533 Pensacola FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WHITE, THERESA S 10465 TOWERIDGE RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 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

David L. White

4-9-06

850-944-5393

Date

Daytime Phone #