

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90004 003 ***150.00

DOCUMENT # P04000006094

1. Entity Name

WHITES PAINTING, INC.



Principal Place of Business

11208 POCKET BROOK DR
TAMPA FL 33635

Mailing Address

11208 POCKET BROOK DR
TAMPA FL 33635

54015991



MOORE

CR2E034 (11/03)

2. Principal Place of Business

11208 POCKET BROOK DR
Suite, Apt. #, etc.

3. Mailing Address

11208 POCKET BROOK DR
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

75-3141307

Applied For

Not Applicable

Zip
33635

Country

HILLSBOROUGH

Zip

33635

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, JANET S
11208 POCKET BROOK DR
TAMPA FL 33635

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WHITE, RONALD E
STREET ADDRESS 11208 POCKET BROOK DR
CITY-ST-ZIP TAMPA FL 33635

TITLE VICE PRES ☐ Change ☐ Addition
NAME ERIC E WHITE
STREET ADDRESS 11208 POCKET BROOK DR
CITY-ST-ZIP TAMPA, FL. 33635

TITLE D ☐ Delete
NAME RAGANO, ANGELES C
STREET ADDRESS 11208 POCKET BROOK DR
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ronald White* RONALD WHITE

813
2-17-04 833-8912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #