2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000031341

1. Entity Name

ROGER WHITE CONSTRUCTION CO.



FILED
Jan 13, 2006 08:00 AM
Secretary of State

Principal Place of Business

7703 DEER PARK AVE FT PIERCE, FL 34951 Mailing Address

7703 DEER PARK AVE FT PIERCE, FL 34951



01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-1979933 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

WHITE, TONI R 7703 DEER PARK AVE FORT PIERCE, FL 3495

CITY-ST-ZIP

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FORT PIERCE, FL 34951			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the plions of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, ROGER D 7703 DEER PARK AVE FT PIERCE, FL 34951				
TITLE NAME STREET AUDRESS CITY-ST-ZIP	VD WHITE, STACY J 7703 DEER PARK AVE FT PIERCE, FL 34951				01/18/06-80035-002 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, TONI R 7703 DEER PARK AVE FT PIERCE, FL 34951			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 cath; 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: Your Residence of Signing OFFICER OR DIRECTOR Day time Proper 8