2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90231 025 ***150.00

DOCUMENT # P04000038181

1. Entity Name
ORVILLE JAY WHITE SERVICES, INC.

Principal Place of Business	Mailing Address
5017 EAST WHITEWAY DRIVE TAMPA, FL 33617	5017 EAST WHITEWAY DRIVE TAMPA, FL 33617

04102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4901 98th Ave EAST	4901 98TH AVE. EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL.	City & State: TAMPA FL
Zip: 33617 Country: USA	Zip: 33617 Country: USA

4. FEI Number 30-0239172 ☐ Applied For ☐ Not Applicable

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, ORVILLE J 5017 EAST WHITEWAY DRIVE TAMPA, FL 33617	Name: White, Orville J. Street Address (P.O. Box Number is Not Acceptable): 4901 98TH AVE. EAST City: TAMPA FL Zip Code 33617

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: Orville J. White 4-11-05
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, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST WHITE, ORVILLE J 5017 EAST WHITEWAY DRIVE TAMPA, FL 33617 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST White, Orville J 4901 98TH AVE EAST TAMPA, FL. 33617 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Orville J. White Orville J. White 4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #