2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE:

Jan 14, 2005 8:00 am Secretary of State **DOCUMENT # P04000060075** 01-14-2005 90019 035 ***150.00 **GREG WHITE INCORPORATED** Principal Place of Business Mailing Address 40001066 **67 RIVER BLUFF TRAIL 67 RIVER BLUFF TRAIL** DEBARY, FL 32713 US DEBARY, FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E034 (10/03) City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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. (NOTE: Registered Agent signature required when reinstating) d name of registered agent and attent applicable Signature, typed or pr \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete WHITE, CHARLES G NAME NAME **67 RIVER BLUFF TRAIL** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEBARY, FL 32713** CITY-ST-ZIP MUE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete .. TITLE. THEF ☐ Change _ ___ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP TITLE ☐ Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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