

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90181 005 \*\*\*150.00

<b>DOCUMENT # P04000086651</b> 1. Entity Name <b>WHITE ELEPHANT MORTGAGE, INC.</b>			
Principal Place of Business <b>6011 DREXEL LN. # 1222 FT. MYERS, FL 33919</b>		Mailing Address <b>6011 DREXEL LN. # 1222 FT. MYERS, FL 33919</b>	
2. Principal Place of Business <b>1515 SE 47th TER</b> Suite, Apt. #, etc.		3. Mailing Address <b>1515 SE 47th TER</b> Suite, Apt. #, etc.	
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL FL</b>	
Zip <b>33904</b>	Country <b>US</b>	Zip <b>33904</b>	Country <b>US</b>
4. FEI Number <b>20-1194003</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CHICONE, ANDREW D 6011 DREXEL LN. #1222 FT. MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name <b>Andrew Chicone</b> Street Address (P.O. Box Number is Not Acceptable) <b>1913 SW 46th TER</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33914</b>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CHICONE, ANDREW D 6011 DREXEL LANE, APT 1222 FT. MYERS, FL 33919	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>Andrew R Chicone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Andrew Chicone 4/22/05 President <span style="float: right;">Date</span>	