



3/14/200

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90037 007 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P04000086651</b> 1. Entity Name <b>WHITE ELEPHANT MORTGAGE, INC.</b>					
Principal Place of Business <b>1515 SE 47TH TERRACE          CAPE CORAL, FL 33904</b>				Mailing Address <b>1515 SE 47TH TERRACE          CAPE CORAL, FL 33904</b>	
2. Principal Place of Business <b>1507 SE 47TH TERRACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1507 SE 47TH TERRACE</b> Suite, Apt. #, etc.			
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL, FL</b>		4. FEI Number <b>20-1194003</b>	
Zip <b>33904</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHICONE, ANDREW D          1913 SW 46TH TERRACE          CAPE CORAL, FL 33914</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Andrew D. Chicone</u> <b>Andrew D. Chicone, President</b> <span style="float: right;">1-6-2006</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>CHICONE, ANDREW D          6011 DREXEL LANE, APT 1222          FT. MYERS, FL 33919</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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 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 persons empowered.					
SIGNATURE: <u>Andrew D. Chicone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3-21-06</b> Daytime Phone # <b>239-898-1236</b>	

66006779



ATTACHMENT  
66006772

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

WHITE ELEPHANT MORTGAGE, INC.  
1507 SE 47TH TERR  
CAPE CORAL, FL 33904

Subject: **WHITE ELEPHANT MORTGAGE, INC.**

Reference Number: **P04000086651**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION