## **2008 FOR PROFIT CORPORATION**

**FILED** Mar 03, 2008 08:00 A Secretary of State ANNUAL REPORT .... **DOCUMENT # P04000106434** WHITED ELECTRIC, INC. Principal Place of Business Mailing Address 4509 SPRINGVIEW CIRCLE **4509 SPRINGVIEW CIRCLE** LABELLE, FL 33935 LABELLE, FL 33935 02272008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 83-0403727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WHITED, LORI D CLA DO NOT WRITE 4509 SPRINGVIEW CIRCLE LABELLE, FL 33935 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WHITED, DAVID J NAME 4509 SPRINGVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP LABELLE, FL 33935 TITI F WHITED, LORI D STREET ADDRESS 4509 SPRINGVIEW CIRCLE CITY-ST-ZIP LABELLE, FL 33935 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR