2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P04000118671** 04-29-2005 90222 003 ***150.00 WHITEHOUSE CUSTOM HOMES INC. Mailing Address Principal Place of Business 8233 LAKEMONT DR 8233 LAKEMONT DR JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 Principal Place of Business MUDANING 04252005 CR2E034 (10/03) Chg-P Applied For 4. FEL Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, JENNIFER 8233 LAKEMONT DR JACKSONVILLE, FL 32216 KSINVIITE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. KI Change ☐ Addition D Delete TITLE TITLE WHITE, JENNIFER NAME NAME m Ed. Stc. 204 STREET ADDRESS STREET ADDRESS 8233 LAKEMONT DR CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME WHITE, W. BRIAN MANIE Sunbeam Rol. Ste. 204 8233 LAKEMONT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32257 JACKSONVILLE, FL 32216 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete MA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DDF ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change M Addition TITLE DDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 cath; 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 attachinent with an addre

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