


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 024 ***150.00

DOCUMENT # P04000128399					
1. Entity Name WHITE HOUSE BLACK MARKET, INC.					
Principal Place of Business 11215 METRO PKWY FT MYERS, FL 33912			Mailing Address 11215 METRO PKWY FT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33966	Country		Zip 33966	Country	
4. FEI Number 20-1606649			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PD DARROW-SMITH, PATRICIA 11215 METRO PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33966		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, VERNA K 11215 METRO PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33966		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLEMAN, CHARLES J 11215 METRO PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33966		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACKENZIE, MORI C 11215 METRO PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33966		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KINCAID, MICHAEL J 11215 METRO PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP, T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33966		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Controller-Tax+Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. Brian Bitzer 11215 Metro Parkway Ft. Myers, FL 33966		
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 like empowered.					
SIGNATURE: <i>[Signature]</i>		J. Brian Bitzer		3/7/07 239-274-5157	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

AMOUNT TO PAY **\$150.00**
VENDOR **13745**
STORE **3103**

\$150.00

[Signature]
Kim Vail