

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 033 ***150.00

DOCUMENT # P04000128399

1. Entity Name
WHITE HOUSE BLACK MARKET, INC.



Principal Place of Business
**11215 METRO PKWY
FORT MYERS, FL 33966**

Mailing Address
**11215 METRO PKWY
FORT MYERS, FL 33966**

40047464



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-1606649

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$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
FORT MYERS, FL 33966**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
Donna Voce Colaco
11215 Metro Pkwy
Ft. Myers, FL 33966**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GIBSON, VERNA K
11215 METRO PKWY
FORT MYERS, FL 33966**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**EVPD
KLEMAN, CHARLES J
11215 METRO PKWY
FORT MYERS, FL 33966**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**EVP
Kent Kleeberger
11215 Metro Pkwy
Ft. Myers, FL 33966**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**EVP
MACKENZIE, MORI C
11215 METRO PKWY
FORT MYERS, FL 33966**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SRVP
KINCAID, MICHAEL J
11215 METRO PKWY
FORT MYERS, FL 33966**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPC
BITZER, J. BRIAN
11215 METRO PARKWAY
FORT MYERS, FL 33966**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OK TO PAY

VENDOR 2708

STORE 3022

CODE 610340

3/2/08 239-274-5157

Date

Daytime Phone #