


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90032 043 \*\*\*150.00

<b>DOCUMENT # P04000137024</b> 1. Entity Name <b>WHITE HORSE SERVICES, INC.</b>	
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Principal Place of Business <b>8418 TRILLIUM ROAD FORT MYERS, FL 33912</b>	Mailing Address <b>8418 TRILLIUM ROAD FORT MYERS, FL 33912</b>
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**30066073**



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1700766</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LINN, JACK L JR 8418 TRILLIUM ROAD FORT MYERS, FL 33912</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LINN, JACK L JR 8418 TRILLIUM ROAD FORT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LINN, JACK L JR 8418 TRILLIUM ROAD FORT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LINN, JACK L JR 8418 TRILLIUM ROAD FORT MYERS, FL 33912</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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

**9-2-05**  
Date

**889-462-526**  
Daytime Phone #