

2006 FOR PROFIT CORPORATION REINSTATEMENT

Annual Report

DOCUMENT # P04000152936

1. Entity Name
WHITE LAKE ANNEX I DEVELOPMENT, INC.



Principal Place of Business
3557 PLOVER AVENUE
NAPLES, FL 34117

Mailing Address
3557 PLOVER AVENUE
NAPLES, FL 34117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122005

REIN-P

CR2E098 (6/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROCK, WILLIAM C JR.
3557 PLOVER AVENUE
NAPLES, FL 34117

7. Name and Address of New Registered Agent

Name
JANE E. LAMBERSON

Street Address (P.O. Box Number is Not Acceptable)
8955 FONTANA DEL SOL WAY

City
NAPLES

FL

Zip Code
34109

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 January 1, 2006, Fee will be \$300.00

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
P
BROCK, WILLIAM C JR.
3557 PLOVER AVENUE
NAPLES, FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BROCK, WILLIAM C SR.
3557 PLOVER AVENUE
NAPLES, FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BROCK, LISA
3557 PLOVER AVENUE
NAPLES, FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BROCK, WILLIAM C JR.
3557 PLOVER AVENUE
NAPLES, FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900064416059
01/24/06--01052--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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 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

Date

Daytime Phone #

FILED

06 JAN 18 AM 11:42

CLERK OF STATE
TALLAHASSEE, FLORIDA



1/23

01/10/06

239 643 5588