

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164401

Entity Name: WHITE BITE, INC.

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

107 BROWNING AVENUE, N.E.
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

107 BROWNING AVENUE, N.E.
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 20-2019402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHACE, MARK
Address: 1713 LAS PALMOS DRIVE, S.W.
City-St-Zip: PALM BAY, FL 32908

Title: D () Delete
Name: CHACE, ANN MARIE
Address: 1713 LAS PALMOS DRIVE, S.W.
City-St-Zip: PALM BAY, FL 32908

Title: D () Delete
Name: WILSON, GEORGE M
Address: 2505 E. LAURA COURT
City-St-Zip: VISALIA, CA 93292

Title: D () Delete
Name: WILSON, SUSAN
Address: 2505 E. LAURA COURT
City-St-Zip: VISALIA, CA 93292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CHACE

D

03/02/2005

Electronic Signature of Signing Officer or Director

Date