

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90054 023 ***150.00

DOCUMENT # P04000165805

1. Entity Name

ROSS WHITEHOUSE INC.



Principal Place of Business

521 A2 SHADY PINE WAY
GREENACRES FL 33415
US

Mailing Address

521 A2 SHADY PINE WAY
GREENACRES FL 33415
US



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

West Palm Beach

Suite, Apt. #, etc.

E

3. Mailing Address

2650 Barkley Dr. East

Suite, Apt. #, etc.

E

1st MOORE

CR2E034 (10/06)

City & State

71 W.P.B.

City & State

W.P.B. H.

4. FEI Number

65-0137767

☒ Applied For

☐ Not Applicable

Zip

33415

Country

P.B.C.

Zip

33415

Country

P.B.C.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WHITEHOUSE, ROSS
521 A2 SHADY PINE WAY
GREENACRES FL 33415

7. Name and Address of New Registered Agent

Name Ross Whitehouse

Street Address (P.O. Box Number is Not Acceptable)

2650 Barkley Dr East

Apt E

City

W.P.B.

FL

Zip Code

33415

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

Ross Whitehouse [Signature]

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

(NOTE: Registered Agent signature required when reconstituting)

1-20-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PRES
NAME: WHITEHOUSE, ROSS
STREET ADDRESS: 521 A2 SHADY PINE WAY
CITY-ST-ZIP: GREENACRES FL 33415 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
None ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ 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

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

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

TITLE:
NAME:
STREET ADDRESS:
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 exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #