2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P05000150913

Entity Name: C.V. WHITE SERVICES, INC.

Current Principal Place of Business:

807 SPORTSMAN AVENUE
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

807 SPORTSMAN AVENUE
SEBRING, FL 33875

New Mailing Address:

FEI Number: 20-4736230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

WHITE, CLEO V
807 SPORTSMAN AVE
SEBRING, FL 33875 US

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: CLEO V WHITE 01/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: WHITE, CLEO V
Address: 807 SPORTSMAN AVENUE
City-St-Zip: SEBRING, FL 33875

Title: VP ( ) Delete
Name: SINAY, JOHN M
Address: 4501 CALOOSA CT
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete
Name: WHITE, MARGARET A
Address: 807 SPORTSMAN AVENUE
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete
Name: WHITE, DAVID A
Address: 3533 TAMARAK DRIVE
City-St-Zip: SPRINGFIELD, IL 62712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: VP ( ) Change (X) Addition
Name: YOUNG, JOHN C
Address: 399 HARLANDO AVE
City-St-Zip: SEBRING, FL 33872 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLEO V WHITE PSTD 01/05/2009
Electronic Signature of Signing Officer or Director Date