

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000164756

1. Entity Name
WHITE HAT ENTERPRISES, INC.



Principal Place of Business
4330 BANKS RD
MIDDLEBURG, FL 32068 US

Mailing Address
4330 BANKS RD
MIDDLEBURG, FL 32068 US

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

3. Mailing Address

2640-204 Blanding Blvd #185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Middleburg, FL 32068

Zip

Zip

32068

Country

Country

CLAY

6. Name and Address of Current Registered Agent

CLINE, JAMES R
4330 BANKS RD
MIDDLEBURG, FL 32068

Name

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

City

FL

Zip Code

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 remitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: CLINE, JAMES R
STREET ADDRESS: 4330 BANKS RD
CITY-ST-ZIP: MIDDLEBURG, FL 32068

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

UP
Melony S. Clize
4330 Banks Rd.
Middleburg, FL 32068

TITLE: VP
NAME: MULLENDORE, JOHN J
STREET ADDRESS: 16307 STONEBROOK DR
CITY-ST-ZIP: SANFORD, FL 32773

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

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 Chapter 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:

James R. Cline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-02-2007 90019 027 ***150.00

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