

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-02-2007 90019 027 ***150.00

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 # Suite, Apt. #, etc.		3. Mailing Address <i>2640 - 204 Blanding Blvd #185</i> Suite, Apt. #, etc.	
City & State City: <i>Middleburg, FL</i> State: <i>32068</i>		4. FEI Number 203977433	
Zip 32068		Country CLAY	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLINE, JAMES R 4330 BANKS RD MIDDLEBURG, FL 32068		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLINE, JAMES R 4330 BANKS RD MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Melony S. Cline 4330 Banks Rd. Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLENDORE, JOHN J 16307 STONEBROOK DR SANFORD, FL 32773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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: <i>James R Cline</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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