


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

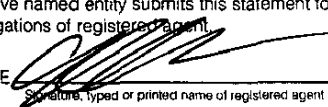
08-23-2007 90023 006 \*\*\*150.00

<b>DOCUMENT # P06000104072</b>			
1. Entity Name <b>R. WHITE PROPERTIES, INC.</b>			
Principal Place of Business <b>4623 OAK HAMMOCK COURT PONCE INLET, FL 32127</b>		Mailing Address <b>4623 OAK HAMMOCK COURT PONCE INLET, FL 32127</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>444 Seabreeze Boulevard</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>360</b>	
City & State		City & State <b>Daytona Beach, FL</b>	
Zip	Country	Zip	Country
		<b>32118</b>	<b>Volusia</b>

4015000



08142007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>TREADWAY, FREDERICK C 4623 OAK HAMMOCK COURT PONCE INLET, FL 32127</b>		7. Name and Address of New Registered Agent Name <b>Daniel J. Webster, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>444 Seabreeze Blvd., Suite 360</b> City <b>Daytona Beach, FL 32118</b> City <b>FL</b> 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 		DATE <b>8/17/07</b>	

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

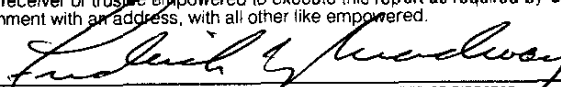
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TREADWAY, FREDERICK C 4623 OAK HAMMOCK COURT PONCE INLET, FL 32127</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MELLINGER, BARBARA L 4623 OAK HAMMOCK COURT PONCE INLET, FL 32127</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MURRAY, NANCY E 6370 OAKLANDON ROAD INDIANAPOLIS, IN 46236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #