## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000008202

Entity Name: WHITE MAINTENANCE INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

5502 SOUTH ELKINS AVE. 12848 BOGGY POINTE DR TAMPA, FL 33611 ORLANDO, FL 32824

Current Mailing Address: New Mailing Address:

5502 SOUTH ELKINS AVE. 12848 BOGGY POINTE DR TAMPA, FL 33611 ORLANDO, FL 32824

FEI Number: 22-3951657 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: WHITE, JASON Name: WHITE, JASON
Address: 5502 SOUTH ELKINS AVE. Address: 12848 BOGGY POINTE DR

Address: 5502 SOUTH ELKINS AVE. Address: 12848 BOGGY POINTE DR City-St-Zip: TAMPA, FL 33611 City-St-Zip: ORLANDO, FL 32824

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

Name: CARTER, JAMIE Name: CARTER, JAMIE
Address: 5502 SOUTH ELKINS AVE. Address: 12848 BOGGY POINTE DR

City-St-Zip: TAMPA, FL 33611 City-St-Zip: ORLANDO, FL 32824

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

Name: WHITE, TRACI Name: WHITE, TRACI

 Address:
 5502 SOUTH ELKINS AVE.
 Address:
 12848 BOGGY POINTE DR

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 ORLANDO, FL 32824

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: JASON WHITE PD 04/25/2008