

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90023 032 \*\*\*150.00

<b>DOCUMENT # P07000104607</b> 1. Entity Name <b>BONITA WHITE, INC.</b>																															
Principal Place of Business <b>9903 GULF COAST MAIN STREET STE 117 FORT MYERS FL 33913</b>		Mailing Address <b>9903 GULF COAST MAIN STREET STE 117 FORT MYERS FL 33913</b>																													
2. Principal Place of Business - No P.O. Box # <b>12870 Tradeway Fair</b>		3. Mailing Address <b>PO Box 101117</b>																													
Suite, Apt. #, etc. <b>Ste 112</b>		Suite, Apt. #, etc. 																													
City & State <b>Bonita Springs FL</b>		City & State <b>Cape Coral FL</b>																													
Zip <b>34135</b>		Zip <b>33910</b>																													
Country <b>US</b>		Country <b>US</b>																													
4. FEI Number <b>33-1181969</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>WHITE, GEOFFREY 9903 GULF COAST MAIN STREET STE 117 FORT MYERS FL 33913</b>		7. Name and Address of New Registered Agent Name <b>Geoffrey White</b> Street Address (P.O. Box Number is Not Acceptable) <b>12870 Tradeway Fair Ste 112</b> City <b>Bonita Springs</b> <b>FL</b> Zip Code <b>34135</b>																													
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>3/18/08</b>																													
Signature, typed or printed name of registered agent and the filer (if applicable). (NOTE: Registered Agent signature required when re-registering)																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE  <b>President</b>            NAME  <b>Geoffrey M White</b>            STREET ADDRESS  <b>9903 Gulf Coast Main Street Ste 117</b>            CITY-ST-ZIP  <b>Ft Myers FL 33913</b> </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE <b>President</b> NAME <b>Geoffrey M White</b> STREET ADDRESS <b>9903 Gulf Coast Main Street Ste 117</b> CITY-ST-ZIP <b>Ft Myers FL 33913</b>	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		DATE <b>3/18/08</b>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																													