

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000034193

Entity Name: WHITE GLOVE, INC.

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1635 BEACH DRIVE SE  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

1635 BEACH DRIVE SE  
SAINT PETERSBURG, FL 33701 US

**Current Mailing Address:**

1635 BEACH DRIVE SE  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

PO BOX 3208  
SAINT PETERSBURG, FL 33731 US

FEI Number: 80-0399623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRIOL, WARREN  
1635 BEACH DRIVE SE  
SAINT PETERSBURG, FL 33701 US

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

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:**

Title: P  
Name: TRIOL, WARREN  
Address: PO BOX 3208  
City-St-Zip: SAINT PETERSBURG, FL 33731

I hereby 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 all other like empowered.

SIGNATURE: WARREN TRIOL

P

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date