

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90292 030 \*\*\*150.00

**DOCUMENT # P38405**

1. Entity Name  
**THE WHITE HOUSE STORES, INC.**



Principal Place of Business

**6711 BAYMEADOW DRIVE #A  
GLEN BURNIE, MD 21060-6401**

Mailing Address

**6711 BAYMEADOW DRIVE #A  
GLEN BURNIE, MD 21060-6401**

2. Principal Place of Business

**11215 Metro Parkway**  
Suite, Apt. #, etc.

3. Mailing Address

**11215 Metro Parkway**  
Suite, Apt. #, etc.

City & State

**Fort Myers, FL**

Zip

**33912**

Country

**Lee**

City & State

**Fort Myers, FL**

Zip

**33912**

Country

**Lee**

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number

**52-1413575**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.  
526 EAST PARK AVENUE  
SUITE 200  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name  
**NRAT Services Inc.**  
Street Address (P.O. Box Number is Not Acceptable)

**526 E. Park Avenue**

City

**Tallahassee**

FL

Zip Code

**32301**

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 **Maggie Ferdinand**  
Signature, print or printed name of registered agent and title if applicable.

**Maggie Ferdinand**  
(NOTE: Registered Agent signature required when changing)

**4/23/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete  
NAME **HIRSCH, STEPHEN**  
STREET ADDRESS **6711 BAYMEADOW DRIVE #A**  
CITY-ST-ZIP **GLEN BURNIE, MD 210606401**

TITLE **P** ☒ Delete  
NAME **SARMIENTO, RICHARD**  
STREET ADDRESS **6711 BAYMEADOW DRIVE, #A**  
CITY-ST-ZIP **GLEN BURNIE, MD 210606401**

TITLE **VP** ☒ Delete  
NAME **SMITH, MICHAEL**  
STREET ADDRESS **6711 BAYMEADOW DRIVE, #A**  
CITY-ST-ZIP **GLEN BURNIE, MD 210606401**

TITLE **VP** ☒ Delete  
NAME **SMITH, PATRICIA D**  
STREET ADDRESS **6711 BAYMEADOW DRIVE #A**  
CITY-ST-ZIP **GLEN BURNIE, MD 210606401**

TITLE **D** ☒ Delete  
NAME **FOLEY, CRAIG**  
STREET ADDRESS **6711 BAYMEADOW DRIVE #A**  
CITY-ST-ZIP **GLEN BURNIE, MD 210606401**

TITLE **D** ☒ Delete  
NAME **MACHENS, MICHAEL**  
STREET ADDRESS **6711 BAYMEADOW DRIVE #A**  
CITY-ST-ZIP **GLEN BURNIE, MD 210606401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition  
NAME **VERNA GIBSON**  
STREET ADDRESS **640 TEMPERANCE POINT COURT**  
CITY-ST-ZIP **Westerville, OH 43082**

TITLE **P** ☒ Change ☐ Addition  
NAME **Sarmiento, Richard**  
STREET ADDRESS **11215 Metro Parkway**  
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Smith, Michael**  
STREET ADDRESS **11215 Metro Parkway**  
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Smith, Patricia D**  
STREET ADDRESS **11215 Metro Parkway**  
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Kleman, Charles J.**  
STREET ADDRESS **11215 Metro Parkway**  
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **ST** ☐ Change ☒ Addition  
NAME **Kincaid, Michael J.**  
STREET ADDRESS **11215 Metro Parkway**  
CITY-ST-ZIP **Fort Myers, FL 33912**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**4/22/04**  
Date

**239-274-4704**  
Daytime Phone #