

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000044920

1. Entity Name
WHITE CAP INVESTORS, INC.



Principal Place of Business
**1200 RIVERPLACE BLVD
SUITE 902
JACKSONVILLE, FL 32207 US**

Mailing Address
**1200 RIVERPLACE BLVD
SUITE 902
JACKSONVILLE, FL 32207 US**



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3188555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HUDSON, M. ASHTON
1200 RIVERPLACE BLVD.
STE 902
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAHL, WILLIAM L
STREET ADDRESS	1200 RIVERPLACE BLVD STE 902
CITY- ST- ZIP	JACKSONVILLE, FL 32207

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

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03/16/05-80038-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(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: _____

WILLIAM L DAHL

3/3/05

904/393-9020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #