


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000005223 1. Entity Name WHITE'S PLACE, INC.	
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Principal Place of Business 320 GENERAL DOOLITTLE DRIVE JACKSONVILLE, FL 32225	Mailing Address 320 GENERAL DOOLITTLE DRIVE JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE

05132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3224866	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 TOMKOVICH, MICHAEL D 657 WONDERWOOD DR JACKSONVILLE, FL 32233

**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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMKOVICH, MICHAEL 657 WONDERWOOD DR JACKSONVILLE, FL 32233
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05/27/05-80001-008 550.00

**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 119.07(3)(f), 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

5-16-5 **904-739-6966**
Date Daytime Phone #