

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000003846

1. Entity Name
WHITE OAK PROPERTIES, INC.



Principal Place of Business
**8494 NAVARRE PKWY
NAVARRE, FL 32566**

Mailing Address
**8494 NAVARRE PKWY
NAVARRE, FL 32566**

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3307111

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOROWSKI, T. A. JR
25 WEST CEDAR STREET
STE 304
PENSACOLA, FL 32501**

**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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
PULLUM, WILLIAM A
8494 NAVARRE PARKWAY
NAVARRE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ERSOFF, STANLEY
1439 WEST FLAGLER ST
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
PULLUM, BETTY JEAN
2160 HWY 87
NAVARRE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
PRICE, REBECCA L
8494 NAVARRE PKWY
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BOROWSKI, T.A. JR
25 WEST CEDAR ST STE 304
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000018796
01/29/04-80002-004 150.00

**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 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

William A. Pullum, Pres. 1/26/04 850/939-2363

Date

Daytime Phone #