- 2065 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 08:00 AM Secretary of State DOCUMENT # P95000003846 1. Entity Name WHITE OAK PROPERTIES, INC. Principal Place of Business Mailing Address 8494 NAVARRE PKWY 8494 NAVARRE PKWY NAVARRE, FL 32566 NAVARRE, FL 32566 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3307111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOROWSKI, T. A. JR 25 WEST CEDAR STREET **STE 304** IN THIS SPACE PENSACOLA, FL 32501 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PSTD** PULLUM, WILLIAM A NAME STREET ADDRESS 8494 NAVARRE PARKWAY NAVARRE, FL CITY-ST-ZIP VD U00000180620 ERSOFF, STANLEY NAME 01/14/05-80013-002 150.00 1439 WEST FLAGLER ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE PULLUM, BETTY JEAN NAME STREET ADDRESS 2160 HWY 87 DO NOT WRITE CITY - ST - ZIP NAVARRE, FL IN THIS SPACE PRICE, REBECCA L NAME 8494 NAVARRE PKWY STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 TITLE BOROWSKI, T.A. JR 25 WEST CEDAR ST STE 304 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TITLE NAME

Aglied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information that 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered. I hereby certify that the information suindicated on this report of supplement of the corporation or the receiver of the changed, or on an attac

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

William A. Pullum, Pres., 1/6/05, 850/939

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #