2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000019803 1. Entity Name A.J. WILHITE, INC.					Secretary of State				
Principal Place of Business Meiling Address 1718 KINGSLEY AVE. 1718 KINGSLEY AVE. ORANGE PARK FL 32067-0326 ORANGE PARK FL 320			EY AVE.	26					
2. Principal f	Place of Business	3. Mailing Addr	ess	,	1389	133 56 ; 26 6 5 5 02 (4663 5613) 6613)	RRISI BRIDI 11010 18103 191)\$ 48 /4 2	.BB()] (B)
Suite, Apt. ff, etc.		Suite, Apt. #,	elc.		1s	MOORE	CR2E034 (10/	(05)	
City & State		City & State			4. FEI Numb	PEF EO 4947EE0		Apr	plied For
Zip	Country	Zip	Cou	ntry	5 Cortificate	59-1847553		Not S Addi	t Applicat Islandi
	6. Name and Address of Currer	d Posictored Agent		1	<u> </u>		Fee F	lequired _	1
	s. Name and Address of Corre	it negistered Agent		Name	r. Name an	d Address of New R	egistered Agent		
WILHITE, AIMEE J 1718 KINGSLEY AVE. ORANGE PARK FL 32067-0326				Street Address (P.O. Box Number is Not Acceptable)					
ĺ		}	}	Crty			FL Z	ip Code	1
8. The above the obliga SIGNATURE	e named entity submits this statement tions of registered agent. Signification by the postered agent	,		red office or register rod Agent sonalum required	<u></u>	oth, in the State of Flo	orida. 1 am familia	ar with, a	and acce _t
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	of State				9. Election Campa Trust Fund Con			0 May E
tG.	OFFICERS AN		11		ADDITIONS	/CHANGES TO OFF			<u> 11,415</u>
FITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOAS, SHIRLEY 1718 KINGSLEY AVE. ORANGE PARK FL 32073	. :	NA Sti	LE Me Neet Address Y-ST-219		U0000043	30652	hange 50.01	_
TITLE NAME STREET ADDRESS CITY-ST-21P	AS MCCANN, LYNN 1718 KINGSLEY AVE. ORANGE PARK FL 32073	. □ s	NA STO	}		-		ກັລກດູອ	DACT
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delote INI NA STI	T.		-		្ឋានបច្ចិច	☐ Artiü
TITLE NAME STREET ADDRESS CHY-ST-ZIP		; 🗅 c	NA) Sti					— Thange	☐ Addis
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3	MAI STI	i i		, , , .		lhange	☐ ACUM
TITLE NAME STREET ADDRESS CITY-SI-ZIP		, D c	NAI STI	1	_			hange	□ veta
(indicated of the co.	certify that the information supplied v on this teport or supplemental report poration or the receiver or trustee er id, or on an attachment with an addi-	is true and accurate noowered to execute	ot quality for the e and that my sign	exemptions container	alle lanel emaz	ct as if made under d	nath that (am an	officer (ck 10 o	nt ditent

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Feb 13, 2006 08:00 AM

(904) 264-9529

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