

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 003 ***150.00

DOCUMENT # P97000071714

1. Entity Name

WHITE SATIN PROPERTIES, INC.



Principal Place of Business

2810 NE 60 STREET
FT LAUDERDALE FL 33308

Mailing Address

2810 NE 60 STREET
FT LAUDERDALE FL 33308

2. Principal Place of Business

2360 E. Int'l Spdwy

3. Mailing Address

1480 Lakeview Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland FL

City & State

Deland FL

Zip

32724

Country

Volusia

Zip

32720

Country

Volusia

4. FEI Number

65-0778881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, KENNETH M
C/O MOODY & JONES P.A.
1333 S UNIVERSITY DR # 201
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE .. DP ☐ Delete
NAME KIEHL, PAT
STREET ADDRESS 2810 NE 60 STREET
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME KAPALORIC, JACKIE
STREET ADDRESS 407 GOLDEN ARM RD.
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Pat Kiehl* Pat Kiehl - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06 386-776-3511

Date

Daytime Phone #