

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90014 034 ***150.00

DOCUMENT # P97000084975
 1. Entity Name
 CHRISTOPHER A. WHITE, P.A.



Principal Place of Business Mailing Address
 814 HWY A1A N 814 HWY A1A N
 STE 305 STE 305
 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082

34032567

2. Principal Place of Business 3. Mailing Address
 818 Hwy A1A N 818 Hwy A1A N
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste 303 Ste 303

City & State City & State
 Ponte Vedra Beach, FL Ponte Vedra Beach, FL
 Zip Country Zip Country
 32082 USA 32082 USA



01092004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2868923 Not Applicable

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

6. Name and Address of Current Registered Agent
 WHITE, CHRISTOPHER A
 814 HWY A1A N
 #305
 PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 818 Hwy A1A N
 Ste 303
 Ponte Vedra Beach FL Zip Code
 32082

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 Christopher A. White 4/12/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CHRISTOPHER A 814 HWY A1A N, STE 305 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 818 Hwy A1A N, Ste 303 Ponte Vedra Beach, FL 32082
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Christopher A. White 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
 9041280-8060