


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000084975**

1. Entity Name  
 CHRISTOPHER A. WHITE, P.A.



|  |  |
|--|--|
| Principal Place of Business<br>818 HWY A1A N<br>STE 303<br>PONTE VEDRA BEACH, FL 32082 | Mailing Address<br>818 HWY A1A N<br>STE 303<br>PONTE VEDRA BEACH, FL 32082 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2868923                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WHITE, CHRISTOPHER A  
 818 HWY A1A N  
 #303  
 PONTE VEDRA BEACH, FL 32082

**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:  DATE: 2/4/05

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

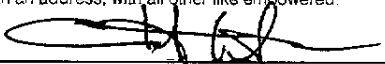
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>WHITE, CHRISTOPHER A<br>818 HWY A1A N, #303<br>PONTE VEDRA BEACH, FL 32082 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

000000218503  
 02/07/05-80067-021 150.00

**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:  DATE: 2/3/05 DAYTIME PHONE #: 904/280-8060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR