

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000869

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: H. WAYNE WHITE & ASSOCIATES, INC.

**Current Principal Place of Business:**

35906 LAKE UNITY NURSERY  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490818  
LEESBURG, FL 347490818

**New Mailing Address:**

FEI Number: 59-3486796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

WHITE, H. WAYNW PRESIDE  
35906 LAKE UNITY NURSERY RD.  
FRUITLAND PARK, FL 34731 US

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.

SIGNATURE: H. WAYNE WHITE

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: WHITE, H W  
Address: 35906 LAKE UNITY NURSERY RD  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. WAYNE WHITE

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

Date