

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002674

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** WHITE-COLLAR WORKING WOMEN'S CLOTHING COMPANY

**Current Principal Place of Business:**

483 STILLWATER DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

3600 TRAVIS PLACE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

483 STILLWATER DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

3600 TRAVIS PLACE  
TITUSVILLE, FL 32780

**FEI Number:** 59-3556415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLLINS, MICHELLE M  
483 STILLWATER DRIVE  
OVIEDO, FL 32765 US

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

COLLINS, MICHELLE M  
3600 TRAVIS PLACE  
TITUSVILLE, FL 32780 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:**

01/12/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: COLLINS, MICHELLE M  
Address: 483 STILLWATER DR  
City-St-Zip: OVIEDO, FL 32765

Title: VT ( ) Delete  
Name: BOGAN, MARILYN J  
Address: 16819 ROSE BRIAR  
City-St-Zip: NAMPA, ID 83687

Title: D ( ) Delete  
Name: BRAUN, MONICA J  
Address: 20692 SE UPPER HIGHLAND RD  
City-St-Zip: BEAVERCREEK, OR 97004

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

Title: PS (X) Change ( ) Addition  
Name: COLLINS, MICHELLE M  
Address: 3600 TRAVIS PLACE  
City-St-Zip: TITUSVILLE, FL 32780

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

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:** MICHELLE M COLLINS

PS

01/12/2005

Electronic Signature of Signing Officer or Director

Date