

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000029643

1. Entity Name
WHITE NITE, INC.



Principal Place of Business
**200 ANASTASIA BLVD
SAINT AUGUSTINE, FL 32084 US**

Mailing Address
**HC1 BOX 350A
CRESCENT CITY, FL 32112 US**



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3501083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**WHITE, CHRISTOPHER A
HC1 BOX 350A
CRESCENT CITY, FL 32112**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WHITE, CHRISTOPHER A
107 RAMONA ROAD
CRESCENT CITY, FL 32112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
WHITE, DAVID E
107 RAMONA ROAD
CRESCENT CITY, FL 32112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WHITE, BARBARA A
107 RAMONA ROAD
CRESCENT CITY, FL 32212**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000560139
05/18/06-80030-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Christopher A White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

904-501-9541
Daytime Phone #