

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 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

**107 RAMONA ROAD  
CRESCENT CITY, FL 32112 US**



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3501083</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	WHITE, CHRISTOPHER A
STREET ADDRESS	107 RAMONA ROAD
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	ST
NAME	WHITE, DAVID E
STREET ADDRESS	107 RAMONA ROAD
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	P
NAME	WHITE, BARBARA A
STREET ADDRESS	107 RAMONA ROAD
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/15/08**