



FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90008 013 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000008452		
1. Entity Name WHITE LOLLAR & ASSOCIATES, INC.		
Principal Place of Business P.O. BOX 300048 FERN PARK, FL 32730		Mailing Address P.O. BOX 300048 FERN PARK, FL 32730
DO NOT WRITE IN THIS SPACE		
		40006388 
		01032007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3559434		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOLLAR, RHONDA 2456 MARKINGHAM ROAD MAITLAND, FL 32751		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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LILLAR, RHONDA 2456 MARKINGHAM RD MAITLAND, FL 32751	DO NOT WRITE IN THIS SPACE
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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: <i>Rhonda Lollar</i> Rhonda Lollar		1/24/07 407-260-1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #