


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S53273</b> 1. Entity Name <b>WHITE LAKE, INC.</b>	
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Principal Place of Business <b>2606 AIRPORT ROAD SOUTH NAPLES, FL 34112 US</b>	Mailing Address <b>2666 AIRPORT ROAD SOUTH NAPLES, FL 34112-4885 US</b>
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**DO NOT WRITE IN THIS SPACE**



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0386983</b>	Applied For <input type="checkbox"/> 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

**HIGGS, WILLIAM T  
2666 AIRPORT ROAD SOUTH  
NAPLES, FL 34112-4885**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HIGGS, WILLIAM T 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS HIGGS, ANTONIA M 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOIACANO, LISA F 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AGNELLI, JOHN J 2666 AIRPORT RD S NAPLES, FL 341124885
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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02/27/04-80051-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Lisa F. Loiacano 2/7/04 239-775-2230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #