2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # S53273

1. Entity Name
WHITE LAKE, INC.

Principal Place of Business	Mailing Address
3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 US	3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 US

01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0386983
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HIGGS, WILLIAM T
3050 NORTH HORSESHOE DR
SUITE 105
NAPLES, FL 34104

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000669794
03/27/07-80081-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HIGGS, WILLIAM T
STREET ADDRESS	3050 NORTH HORSESHOE DR SUITE 105
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	DVS
NAME	HIGGS, ANTONIA M
STREET ADDRESS	3050 NORTH HORSESHOE DR SUITE 105
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	T
NAME	LOIACANO, LISA F
STREET ADDRESS	3050 NORTH HORSESHOE DR SUITE 105
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	V
NAME	AGNELLI, JOHN J
STREET ADDRESS	3050 NORTH HORSESHOE DR SUITE 105
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lisa F. Loiacano Lisa F. Loiacano 3/2/07 239-775-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #