2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # S71655 H. WHITE, CPA, P.A.			
Principal Place 1907 E FLETO TAMPA, FL 3	CHER AVE 1	ailing Address 907 E FLETCHER AVE AMPA, FL 33612 US		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04142005 No Chg-P CR2E034 (10/03) 4. FEI Number
WHITE, GEORGE H. 1907 E FLETCHER AVE TAMPA, FL 33612 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) OATE				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be H00000312406 ded to Fees ()4/18/05-80085-001 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, GEORGE H. 1907 E FLETCHER AVE TAMPA, FL 33612	CTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	r		=	
NAME STREET ADDRESS CITY-ST-ZIP	3		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 pther like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daysimo Prone #				