

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 548313

1. Entity Name  
W.H. WORRELL CONSTRUCTION, INC.



Principal Place of Business  
520 N. PHELPS AVE.  
WINTER PARK, FL 32789

Mailing Address  
520 N. PHELPS AVE.  
WINTER PARK, FL 32789

FILED

04 JUN 17 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1800573

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WORRELL, WILLIAM H  
520 N. PHELPS AVE.  
WINTER PARK, FL 32789

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>WORRELL, WILLIAM H<br>520 N PHELPS AVE.<br>WINTER PARK, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>WORRELL, NANCY D<br>520 N PHELPS AVE.<br>WINTER PARK, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>FLOYD, ENID N<br>520 NORTH PHELPS AVENUE<br>WINTER PARK, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |

700038357027  
06/28/04--01065--016 \*\*150.00

DO NOT WRITE  
IN THIS SPACE

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 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 #

*William H. Worrell* William H. Worrell June 17 2004 407-892-6223