


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # K94863

1. Entity Name
 IT'S A SMALL WORLD INCORPORATED



Principal Place of Business
 6723 GOLFVIEW ST
 JACKSONVILLE, FL 32210

Mailing Address
 6723 GOLFVIEW ST
 JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE



06082005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2952989

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ODOM, KATHLEEN
 6723 GOLFVIEW ST.
 JACKSONVILLE, FL 32210

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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
Due by September 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ODOM, WILLIAM R., SR 6723 GOLFVIEW ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ODOM, KATHLEEN 6723 GOLFVIEW ST JACKSONVILLE, FL
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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 Kathleen Odom 6/23/05 383 3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #