

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006693

1. Entity Name

AROUND THE WORLD IN WESTON, INC.



Principal Place of Business

P.O. BOX 267722
WESTON, FL 33326

Mailing Address

P.O. BOX 267722
WESTON, FL 33326



03042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1140502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BRENDA P
2686 EDGEWATER COURT
WESTON, FL 33332

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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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME POWE-WILLIAMS, BRENDA
STREET ADDRESS 2686 EDGEWATER COURT
CITY-ST-ZIP WESTON, FL 33332

TITLE PD
NAME LOVE, VERNON
STREET ADDRESS 16429 TORQUOISE TRAIL
CITY-ST-ZIP WESTON, FL 33331

TITLE TD
NAME TRIMM, OCTAVIA
STREET ADDRESS 1919 TIMBERLINE RD
CITY-ST-ZIP WESTON, FL 33327

TITLE D
NAME ARRIOLA, ANA
STREET ADDRESS 998 GOLDEN CANE DR
CITY-ST-ZIP WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000253339
03/07/05-80029-016 61.25

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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)(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 617, 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 #