

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000005488</b> 1. Entity Name <b>THE WORD PLUS, INC.</b>	
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**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>7954 ROYAL BIRKDALE CIR.                  BRADENTON, FL 34202</b>	Mailing Address <b>7954 ROYAL BIRKDALE CIR.                  BRADENTON, FL 34202</b>
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03032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>65-0967209</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**WILLIAMS, VERSA CAROLYN  
 7954 ROYAL BIRKDALE CIR.  
 BRADENTON, FL 34202**

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

**Filing Fee is \$81.25  
 Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WILLIAMS, VERSA CAROLYN
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	DV
NAME	WILLIAMS, BRUCE L
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	STEM, BARBARA L
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	WILLIAMS, BRIAN L REV
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	WILLIAMS, BRENDA L
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	DST
NAME	CASHELL, KAREN M
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.
CITY-ST-ZIP	BRADENTON, FL 34202

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 03/15/07-80041-001 61.25

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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 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:** Karen M. Cashell Karen M. Cashell 3/4/07 (941) 907-0172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #