



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N99000005488 1. Entity Name THE WORD PLUS, INC.	
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Principal Place of Business 7954 ROYAL BIRKDALE CIR. BRADENTON, FL 34202	Mailing Address 7954 ROYAL BIRKDALE CIR. BRADENTON, FL 34202
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0967209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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04/18/08-20046-017 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 4/4/08 (941) 400-9723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #