
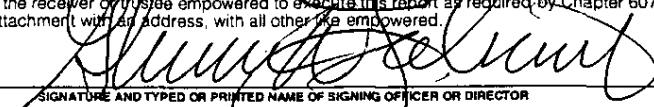


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91229 012 ***150.00

DOCUMENT # P94000046407			
1. Entity Name LEX-WORTH-KORP, INC.		Principal Place of Business 4602 OAK LEAF DRIVE NAPLES, FL 33999	
Mailing Address 480 E. WILSON BRIDGE RD. SUITE C WORTHINGTON, OH 43085		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0498813		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 KELLY, CHARLES M JR. KELLY PRICE SIKET & HEUERMAN, CHARTERED 2640 GOLDEN GATE PKWY, SUITE 315 NAPLES, FL 33941-8117		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL, DEBORAH K	NAME	
STREET ADDRESS	1446 SOUTHWOOD DR.	STREET ADDRESS	762 AUTUMN LANE
CITY-ST-ZIP	ASHLAND, OH 44805	CITY-ST-ZIP	POWELL, OH 43065
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERT, GLENN W	NAME	
STREET ADDRESS	441 DELEGATE DR.	STREET ADDRESS	20 NEW ALBANY FARM ROAD
CITY-ST-ZIP	W. WORTHINGTON, OH 43235	CITY-ST-ZIP	NEW ALBANY, OH 43054
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JANICE M	NAME	
STREET ADDRESS	362 MEDITATION LANE	STREET ADDRESS	
CITY-ST-ZIP	W. WORTHINGTON, OH 43235	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 fee empowered.			
SIGNATURE: 		Date: 4-30-04 (614)885-7988	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	