

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099068

Entity Name: WORRY POT, INC.

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

896 CLAYDON WAY  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

5843 HERONPARK PLACE  
LITHIA, FL 33547

**Current Mailing Address:**

896 CLAYDON WAY  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

5843 HERONPARK PLACE  
LITHIA, FL 33547

FEI Number: 27-0033636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REECE, LINDA  
896 CLAYDON WAY  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

REECE, LINDA  
5843 HERONPARK PLACE  
LITHIA, FL 33547 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/08/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REECE, LINDA  
Address: 896 CLAYDON WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V ( ) Delete  
Name: REECE, STEVE  
Address: 896 CLAYDON WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: REECE, LINDA  
Address: 5843 HERONPARK PLACE  
City-St-Zip: LITHIA, FL 33547

Title: V (X) Change ( ) Addition  
Name: REECE, STEVE  
Address: 5843 HERONPARK PLACE  
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA REECE

Electronic Signature of Signing Officer or Director

P

01/08/2007

Date