

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000018636

Entity Name: WORLD SERVICES ORGANIZATION INCORPORATED**Current Principal Place of Business:**6696 NORTHSORE LN
JACKSONVILLE, FL 32208**Current Mailing Address:**15721 NORTHSIDE DR. W
JACKSONVILLE, FL 32218 US**FEI Number: 27-1879984****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LUCAS, HEZEKIAH P
6696 NORTHSORE LN
JACKSONVILLE, FL 32208 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_____
Date**Officer/Director Detail :**

Title	P
Name	LUCAS, HEZEKIAH P
Address	6696 NORTHSORE LN
City-State-Zip:	JACKSONVILLE FL 32208

Title	CHAIRMAN
Name	LUCAS, HEZEKIAH JR.
Address	15721 NORTHSIDE DR. W
City-State-Zip:	JACKSONVILLE FL 32218

Title	VC
Name	LUCAS, DEVANTE'
Address	1700 MINDANAO DR. APT. 801
City-State-Zip:	JACKSONVILLE FL 32246

Title	VP
Name	GRAHAM ENTERPRISES UNLIMITED INC
Address	2069 W 18TH ST
City-State-Zip:	JACKSONVILLE FL 32209

Title	SECRETARY
Name	LUCAS, ZAKARIA AQUILA
Address	15721 NORTHSIDE DR. W
City-State-Zip:	JACKSONVILLE FL 32218

I hereby 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 all other like empowered.

SIGNATURE: HEZEKIAH LUCAS SR**PRESIDENT****04/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date