

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 392714

1. Entity Name
WORLD WIDE ADJUSTMENT BUREAU, INC.



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

05-03-2004 90731 024 ***158.75

Principal Place of Business 2315 1/2 EAST SOUTH STREET ORLANDO FL 32803		Mailing Address 2315 1/2 EAST SOUTH STREET ORLANDO FL 32803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WILTON, ROY E. SR. 801 WEST 18TH STREET SANFORD FL 32771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



MOORE CR2E034 (11/03)

4. FEI Number 59-1363561	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE PST NAME WILTON, ROY STREET ADDRESS 801 W. 18TH ST. CITY-ST-ZIP SANFORD FL</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE V NAME BUCKALEW, THOMAS F III STREET ADDRESS 1465 LADY AMY DR CITY-ST-ZIP CASSELBERRY FL</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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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 like empowered.

SIGNATURE: *ROY E WILTON SR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 894-6242

407

Date

Daytime Phone #