2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 10, 2004 08:00 AM **DOCUMENT # 626664 Secretary of State** 1. Entity Name WORTHINGTON SALES COMPANY Principal Place of Business Mailing Address 4252 JOHNS CEMETARY RD MIDDLEBURG FL 32068 US PO BOX 1161 MIDDLEBURG FL 32050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1933134 Not Applicable Zφ Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORTHINGTON, LINDA 4252 JOHNS CEMETERY RD Street Address (P.O. Box Number is Not Acceptable) MIDDLEBURG FL 32068 City 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, Ivped or printed name of repiste (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE ☐ Delete THEF Change Addition 11000000044788 NAME WORTHINGTON, LINDA NAME 02/11/04-80033-016 158.75 4252 JOHNS CEMETARY RD STREET ADDRESS STREET ADDRESS CATY - ST - ZIP MIDDLEBURG FL 32068 City -ST - 7/2 TITLE ST Delete Change Addition WORTHINGTON, DONALD NAME NAME STREET ADDRESS 4252 JOHNS CEMETARY RD STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-SI-78P THE ☐ Delete TITLE Change Addition WORTHINGTON, LINDA NAME MAME STREET ADDRESS 4252 JOHNS CENTURY RD STREET ADDRESS CITY+ST-ZIP MIDDLEBURG FL 32068 CATY-ST-ZIP TITLE ☐ Delete TETLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete 333LE Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE ☐ Defete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789

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: