

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003067

1. Entity Name
WORLD PROCESSING LTD., INC.



Principal Place of Business
**1808 ASTON AVENUE, STE. 210
CARLSBAD, CA 92008**

Mailing Address
**1808 ASTON AVENUE, STE. 210
CARLSBAD, CA 92008**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **46-0494127** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PURCELL, JOSEPH
2805 E. OAKLAND PARK BLVD., STE. 203
FT. LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVC
PURCELL, JOSEPH F
1808 ASTON AVENUE, STE. 210
CARLSBAD, CA 92008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
PALMER, MICHAEL
1808 ASTON AVENUE, STE. 210
CARLSBAD, CA 92008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
PURCELL, JOSEPH M
1808 ASTON AVENUE, STE. 210
CARLSBAD, CA 92008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELLIOT, RICHARD
1808 ASTON AVENUE, STE. 210
CARLSBAD, CA 92008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENNELLS, DAVID
1808 ASTON AVENUE, STE. 210
CARLSBAD, CA 92008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000177405
01/11/05-80040-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #