

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90012 035 \*\*\*150.00

DOCUMENT # F05000000967

1. Entity Name

WORLDWIDE BARTER BOARD, INC.



Principal Place of Business  
P.O. BOX 940245  
MAITLAND FL 32794

Mailing Address  
P.O. BOX 940245  
MAITLAND FL 32794



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 35-2245433

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNESSEE, ROBERT E  
1000 WINDERLEY PLACE TH4  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PCD  
NAME: HENNESSEE, ROBERT E  
STREET ADDRESS: 1000 WINDERLEY PLACE - TH4  
CITY-ST-ZIP: MAITLAND FL 32751 ☐ Delete

TITLE: SD  
NAME: HENNESSEE, ALBERTA P  
STREET ADDRESS: 1000 WINDERLEY PLACE - TH4  
CITY-ST-ZIP: MAITLAND FL 32751 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D  
NAME: HENNESSEE, ROBERT E  
STREET ADDRESS: 1000 WINDERLEY PLACE TH4  
CITY-ST-ZIP: MAITLAND FL 32751 ☒ Change ☐ Addition

TITLE: S  
NAME: HENNESSEE, ALBERTA P  
STREET ADDRESS: 1000 WINDERLEY PLACE TH4  
CITY-ST-ZIP: MAITLAND FL 32751 ☒ Change ☐ Addition

TITLE: PD  
NAME: THOMAS J DIETZ  
STREET ADDRESS: 2 DEPOT PLZ # 201A  
CITY-ST-ZIP: BEDFORD HILLS NY 10507 ☐ Change ☒ Addition

TITLE: D  
NAME: CHARLES F MCGRAW  
STREET ADDRESS: 779 VINES WAY  
CITY-ST-ZIP: LIVERMORE CA 94550 ☐ Change ☒ Addition

TITLE: D  
NAME: MARK SWANSON  
STREET ADDRESS: 1301 PYXIE MOSS LN  
CITY-ST-ZIP: NAPLES FL 34105 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert E Hennessee ROBERT E HENNESSEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-07 4074403055

Date

Daytime Phone #