## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # F25327 1. Entity Name 01-29-2004 90028 046 \*\*\*150.00 PETER WORTHY & ASSOCIATES, INC. Mailing Address Principal Place of Business 39 EAST ACRE DRIVE 39 EAST ACRE DRIVE PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address 37 GACRE DRIVE 37 E. ACREDR Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State PLANTATION City & State 4. FEI Number 59-2093084 PLANTATION Not Applicable Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired 33317 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORTHY, PETER Street Address (P.O. Box Number is Not Acceptable) 39 EAST ACRE DRIVE PLANTATION FL 33317 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition PTD TITLE TITLE ☐ Delete PETLE WORTH NAME WORTHY, PETER NAME 1400 NOW 122 AUG STREET ADDRESS STREET ADDRESS 341 E-AGRE DR NEW ADDRESS -CITY-ST-ZIP LANTATION, R 33323 PLANTATION FL CITY-ST-ZIP ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE NAME TROTTA, RUTH 5190 LAS VERDES CR #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME: ~ : --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 fustee 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.

PETER WORTHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED