

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90066 001 *****8.75
03-16-2004 90066 002 ***150.00

66406263



MOORE CR2E034 (11/03)

DOCUMENT # F99000002442 1. Entity Name THE WORKING CAPITAL COMPANY, INC.					
Principal Place of Business P.O. BOX 6291 ST THOMAS VI 00804			Mailing Address P.O. BOX 6291 ST THOMAS VI 00804		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 66-0494722 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FOX, GEORGE M 27147 SUMMER AVENUE 566 St Georges Bay BROOKSVILLE FL 34802 Port St Lucie, FL 34986	
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FOX, GEORGE M 27147 SUMMER AVENUE 566 St Georges Bay BROOKSVILLE FL 34802 Port St Lucie FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FOX, GEORGE M 566 St Georges Bay Port St Lucie FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV FOX, DENNIS 27147 SUMMER AVENUE BROOKSVILLE FL 34802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas CAROL E. GARDINER #92 EST ST. GEORGE St Croix VI 00840	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, JACQUELIN P. 1418 ESTATE FRENCHMAN'S BAY 566 St Georges Bay ST THOMAS VI 00802 Port St Lucie FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, JACQUELIN P. 566 St Georges Bay Port St Lucie FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: George M. Fox SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/06/04 Daytime Phone # (340) 776-0003		