

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004650**

1. Entity Name  
**WORLD ENVIRONMENTAL GROUP, INC.**



Principal Place of Business

**5050 W. HIGHWAY 326  
OCALA, FL 34482**

Mailing Address

**5050 W. HIGHWAY 326  
OCALA, FL 34482**



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3586461**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**JONES, ELIZABETH A  
5050 W. HIGHWAY 326  
OCALA, FL 34482**

**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 Elizabeth A. Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 29, 2004

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000099228  
03/30/04 00004 010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	JONES, ELIZABETH A
STREET ADDRESS	5050 W. HIGHWAY 326
CITY-ST-ZIP	OCALA, FL 34482
TITLE	P
NAME	JONES, ALLEN C
STREET ADDRESS	5050 W HWY 326
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: Elizabeth A. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/04 (352) 401-3511

Daytime Phone #