2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99692

Address: City-St-Zip: 16521 SAN CARLOS BLVD.

FORT MYERS, FL 33908

Entity Name: WORDEN, COOK & MCMICHAEL, P.A

FILED Apr 29, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
C/O THOMAS WORDEN 16521 SAN CARLOS BLVD.,STE.B FORT MYERS, FL 33908				C/O THOMAS WORDEN 16521 SAN CARLOS BLVD.,STE.203F FORT MYERS, FL 33908		
Current Mailing Address:				New Mailing Address:		
C/O THOMAS WORDEN 16521 SAN CARLOS BLVD.,STE.B FORT MYERS, FL 33908				C/O THOMAS WORDEN 16521 SAN CARLOS BLVD.,STE.203F FORT MYERS, FL 33908		
FEI Number:	65-0008706	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WORDEN, THOMAS 16521 SAN CARLOS BLVD.,STE.B FORT MYERS, FL 33908 US				WORDEN, THOMAS 16521 SAN CARLOS BLVD.,STE.203F FORT MYERS, FL 33908 US		
	named entity s of Florida.	ubmits this statement for the p	purpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/29/2005		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WORDEN, THO 16521 SAN CAR	LOS BLVD.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () COOK, DEBRA 16521 SAN CAR FORT MYERS, F			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	PD () MCMICHAEL, KE	Delete EVIN		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEBRA K COOK **TRES** 04/29/2005