

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90029 047 \*\*\*150.00

**DOCUMENT # K92365**

1. Entity Name

WORLD WIDE IMPORT/EXPORT SERVICES, LTD. CO.



Principal Place of Business

2448 MAPLELEAF COURT  
SPRING HILL FL 34606  
US

Mailing Address

2488 MAPLELEAF COURT  
P.O. BOX 5527  
SPRING HILL FL 34606



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

2488 MAPLELEAF CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

11-2367422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAIBLE, ANTON J  
2488 MAPLE LEAF CT  
SPRING HILL FL 34606

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

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

(NOTE: Registered Agent Signature required when appointing)

DATE

*Anton J Raible*

ANTON J RAIBLE

1/29/08

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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	PST	<input type="checkbox"/> Delete
NAME	RAIBLE, ANTON J.	
STREET ADDRESS	2488 MAPLE LEAF COURT	
CITY- ST- ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAIBLE, ANTON J.	
STREET ADDRESS	2488 MAPLE LEAF COURT	
CITY- ST- ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

*Anton J Raible*

ANTON J RAIBLE

1/29/08 (352) 683-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Copy

Daytime Phone #