



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90006 016 ***150.00

DOCUMENT # L04269 1. Entity Name WORTHY REALTY, INC.					
Principal Place of Business % TERRY E. BEADLE 3159 E ATLANTIC BLVD POMPANO BEACH, FL 33062			Mailing Address % TERRY E. BEADLE 3159 E ATLANTIC BLVD POMPANO BEACH, FL 33062		
2. Principal Place of Business 780 N.E. 8th St.		3. Mailing Address 780 NE 8th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL			
Zip 33060		Country BROWARD		4. FEI Number 65-0255757	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BEADLE, TERRY E. 3159 E ATLANTIC BLVD POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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		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 D	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BEADLE, TERRY E.			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3159 E ATLANTIC BLVD			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP POMPANO BEACH, FL			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME COURANT, ROBERT V	DELETE		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3159 E ATLANTIC BLVD			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP POMPANO BEACH, FL 33062			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> Delete			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: TERRY E. BEADLE			Date: 1/31/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 954-801-3103 CELL		