


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L25686 1. Entity Name W.O.R. INC.																																										
Principal Place of Business 1376 NORTH NOVA ROAD DAYTONA BEACH, FL 32117	Mailing Address 1376 NORTH NOVA ROAD DAYTONA BEACH, FL 32117																																									
<h2>DO NOT WRITE IN THIS SPACE</h2>																																										
6. Name and Address of Current Registered Agent WATERS, LAVELL 1376 NORTH NOVA ROAD DAYTONA BEACH, FL 32117																																										
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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 _____ (NOTE: Registered Agent signature required when re-registering) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%; text-align: right;"> DATE _____ </div> </div>																																										
<div style="display: flex;"> <div style="width: 50%;"> <h3>10. OFFICERS AND DIRECTORS</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>PST</td> </tr> <tr> <td>NAME</td> <td>WATERS, LAVELL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1376 NORTH NOVA ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH, FL 32117</td> </tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table> </div> <div style="width: 50%; text-align: center; padding: 20px;"> <h2>DO NOT WRITE IN THIS SPACE</h2> <p style="font-size: 1.2em; margin-top: 20px;"> U00000140738 04/29/04-80172-023 150.00 </p> </div> </div>			TITLE	PST	NAME	WATERS, LAVELL	STREET ADDRESS	1376 NORTH NOVA ROAD	CITY-ST-ZIP	DAYTONA BEACH, FL 32117	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Lavell Waters</u> <u>March 11, 04</u> <u>386 252 3776</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										