

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63554

Entity Name: WILLIAM L. WORD, INC.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

C/O JULIE R WORD
P.O. BOX 7586
PENSACOLA, FL 325347586

New Principal Place of Business:

C/O JULIE R WORD
801 FLEMING WAY
PENSACOLA, FL 32514

Current Mailing Address:

C/O JULIE R WORD
P.O. BOX 7586
PENSACOLA, FL 325347586

New Mailing Address:

FEI Number: 59-3015609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORD, JULIE R
801 FLEMING WAY
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WORD, JULIE R.,
Address: 801 FLEMING WAY
City-St-Zip: PENSACOLA, FL

Title: DV () Delete
Name: WORD, JULIE R
Address: 801 FLAMING WAY
City-St-Zip: PENSACOLA, FL 32514

Title: DST () Delete
Name: WORD, JULIE R
Address: 801 FLEMING WAY
City-St-Zip: PENSACOLA, FL 32514

Title: P () Delete
Name: WILLIAM, WORD
Address: 801 FLEMING WAY
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: WILLIAM WORD

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date