

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Oct 11, 2004 8:00 A.M.
Secretary of State

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # N00000006017 1. Entity Name WORLD OF WONDERS, INC. | | | | | |
| Principal Place of Business 3302 SE FORD LANE PORT ST. LUCIE FL 34984 | | | Mailing Address 3302 SE FORD LANE PORT ST. LUCIE FL 34984 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | | | |
| Country | | Country | | 4. FEI Number 65-1042907 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent HAMMOCK, MARIA S 3302 S E FORD LANE PORT ST. LUCIE FL 34984 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMMOCK, MARIA S 3302 S E FORD LANE PORT ST. LUCIE FL 34984 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANNING, DAWN 328 ELMWOOD DRIVE WINSTON-SALEM NC 27127 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHOUSE, JAMIE 1633 VILLAGE PLACE WINSTON-SALEM NC 27127 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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)(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 617, 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: <i>JA</i> | | | <i>(due to hurricane unable to get out on time)</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 10-7-04 Daytime Phone # 772-873-1334 | | |