# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2004**
**Secretary of State**

DOCUMENT# N00000006134

**Entity Name:** POWER WORDS CONNECTION, INC.

**Current Principal Place of Business:**

1363 INGLESIDE AVE.
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

1363 INGLESIDE AVE.
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number: 59-3697568** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMPSON, DARRELL O
1363 INGLESIDE AVE.
JACKSONVILLE, FL 32205

**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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: THOMPSON, MAZEL L
Address: 1363 INGLESIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: THOMPSON, DARRELL O
Address: 1363 INGLESIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: THOMPSON, RANDAL
Address: 7328 PINEVILLE DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: THOMPSON, CATHERINE F
Address: 7328 PINEVILLE DR.
City-St-Zip: JACKSONVILLE, FL 32244

**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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL O. THOMPSON D 03/04/2004

Electronic Signature of Signing Officer or Director — Date