


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000006763 1. Entity Name WORDS OF WISDOM, INC.	
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Principal Place of Business 4923 S.W. LANDING CREEK DRIVE PALM CITY, FL 34990	Mailing Address 4923 S.W. LANDING CREEK DRIVE PALM CITY, FL 34990
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0994162	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WISDOM, REBA
4923 S.W. LANDING CREEK DRIVE
PALM CITY, FL 34990**

**DO NOT WRITE
IN THIS SPACE**

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

Reba Wisdom (no change)

4-24-04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relisting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000135487
04/28/04-80062-006 158.75**

10. OFFICERS AND DIRECTORS

TITLE D	WISDOM, REBA 4923 S.W. LANDING CREEK DRIVE PALM CITY, FL 34990
NAME WISDOM, REBA	
STREET ADDRESS 4923 S.W. LANDING CREEK DRIVE	
CITY-ST-ZIP PALM CITY, FL 34990	
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	

**DO NOT WRITE
IN THIS SPACE**

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:

Reba Wisdom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

DATE

Daytime Phone #