


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000074728 1. Entity Name WEARING WORKS INC.	
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Principal Place of Business 573 WHISPERING LAKES BLVD. TARPON SPRINGS, FL 34688	Mailing Address 573 WHISPERING LAKES BLVD. TARPON SPRINGS, FL 34688
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01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WEARING, MARGARET L 573 WHISPERING LAKES BLVD. TARPON SPRINGS, FL 34689-9022

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

U000000090567
03/17/04-80024-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV WEARING, DAVID 573 WHISPERING LAKES BLVD TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WEARING, MARGARET 573 WHISPERING LAKES BLVD TARPON SPRINGS, FL 34689
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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)(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 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: *Margaret L. Wearing* **Margaret L. Wearing** 3-15-04 727-942-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #