

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015056

FILED
Feb 16, 2004
Secretary of State

Entity Name: DEXTER MAYWORM, P.A.

Current Principal Place of Business:

3249 MANSFIELD ST
THE VILLAGES, FL 32162

New Principal Place of Business:

947 EASTMONT COURT
THE VILLAGES, FL 32162

Current Mailing Address:

3249 MANSFIELD ST
THE VILLAGES, FL 32162

New Mailing Address:

947 EASTMONT COURT
THE VILLAGES, FL 32162

FEI Number: 57-1147736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYWORM, DEXTER
3249 MANSFIELD ST
THE VILLAGES, FL 32162

Name and Address of New Registered Agent:

MAYWORM, DEXTER
947 EASTMONT COURT
THE VILLAGES, FL 32162

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: DEXTER MAYWORM

02/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYWORM, DEXTER
Address: 3249 MANSFIELD ST
City-St-Zip: THE VILLAGES, FL 32162

Title: STD () Delete
Name: MAYWORM, SHARON
Address: 3249 MANSFIELD ST
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAYWORM, DEXTER
Address: 947 EASTMONT COURT
City-St-Zip: THE VILLAGES, FL 32162

Title: STD (X) Change () Addition
Name: MAYWORM, SHARON
Address: 947 EASTMONT COURT
City-St-Zip: THE VILLAGES, FL 32162

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

SIGNATURE: DEXTER MAYWORM

PD

02/16/2004

Electronic Signature of Signing Officer or Director

Date