


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

09-15-2004 90001 034 \*\*\*150.00

<b>DOCUMENT # P03000016276</b>	
1. Entity Name <b>AMERICA'S WORM WORLD, INC.</b>	

Principal Place of Business <b>2077 FIRST STREET SUITE 206 FORT MYERS, FL 33901</b>	Mailing Address <b>2077 FIRST STREET SUITE 206 FORT MYERS, FL 33901</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>205 Ave K SE</b> Suite, Apt. #, etc.
City & State  Zip	City & State <b>Winter Haven</b> Zip <b>33880</b>
Country	Country <b>USA</b>



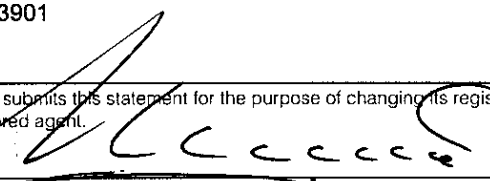
09082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>27-0047097</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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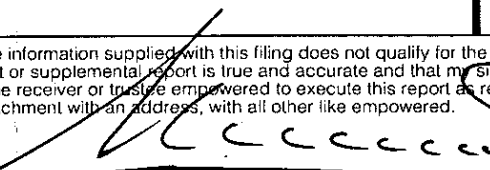
6. Name and Address of Current Registered Agent  <b>MAHER, STEPHEN M 2077 FIRST STREET SUITE 206 FORT MYERS, FL 33901</b>
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7. Name and Address of New Registered Agent Name <b>Paul Peters</b> Street Address (P.O. Box Number is Not Acceptable) <b>205 Ave K SE</b> City <b>Winter Haven</b> FL Zip Code <b>33880</b>
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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  DATE <b>9-10-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERS, MICHAEL A 2077 FIRST STREET FORT MYERS, FL 33901</b> <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE <b>9-10-04</b> Daytime Phone # <b>863-401-8866</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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