2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000026489

1. Entity Name
MONICA WOFFORD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
13447 FOUNTAINBLEAU DRIVE CLERMONT, FL 34711	P.O. BOX 683316 ORLANDO, FL 32868--331 US

DO NOT WRITE IN THIS SPACE

03042008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0678756

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOFFORD, MONICA L
13447 FOUNTAINBLEAU DRIVE
CLERMONT, FL 34711

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000899395
04/28/08-80037-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOFFORD, MONICA L
STREET ADDRESS	13447 FOUNTAINBLEAU DRIVE
CITY-ST-ZIP	ORLANDO, FL 34711
TITLE	O
NAME	ABELMAN, JEFFREY M
STREET ADDRESS	13447 FOUNTAINBLEAU DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/8/08 407-739-1870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #