


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000061706 |  |
| 1. Entity Name WORSTINE CONSULTANTS, INC. | |

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|---|---|
| Principal Place of Business 5383 FIRETHORN POINT BROOKSVILLE FL 34609 | Mailing Address 5383 FIRETHORN POINT BROOKSVILLE FL 34609 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

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| WORSTINE, DARRELL ALLEN 5383 FIRETHORN POINT BROOKSVILLE FL 34609 |
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7. Name and Address of New Registered Agent

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| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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.

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|--|--|---------------------|
| SIGNATURE DARRELL A. WORSTINE, PRESIDENT | Darrell A. Worstine | 1 FEB 04 |
| <small>Signature typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reappointing)</small> | <small>DATE</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WORSTINE, DARRELL ALLEN 5383 FIRETHORN POINT BROOKSVILLE FL 34609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000038318 02/06/04-80136-003 158.75 |
| 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 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

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|---|---------------------------------------|--------------------------------|
| SIGNATURE: Darrell A. Worstine | DARRELL A. WORSTINE, PRESIDENT | 1 Feb 04 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |

352 -
794-5011