

# ANNUAL REPORT

DOCUMENT # P03000102915

1. Entity Name  
WHAT IF PUBLICATIONS, INC.



**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90233 022 \*\*\*150.00

Principal Place of Business  
1421 PINECREST PLACE  
ORLANDO, FL 32803 US

Mailing Address  
1421 PINECREST PLACE  
ORLANDO, FL 32803 US



04192005 Chg-P CR2E034 (10/03)

4. FEI Number  
52-2403759

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA INC  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130

## 7. Name and Address of New Registered Agent

Name MARY ALICIA ZIFF  
Street 1421 Pinecrest Place  
City Orlando FL Zip 32803

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

*Mary Alicia Ziff*

MARY ALICIA ZIFF Treasurer April 19, 2005

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME WATSON, DAVID S  
STREET ADDRESS 456 SHOREVIEW AVE.  
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE TREA  
NAME ZIFF, MARY ALICIA  
STREET ADDRESS 1421 PINECREST PLACE  
CITY-ST-ZIP ORLANDO, FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

*Mary Alicia Ziff*

MARY ALICIA ZIFF Treasurer April 19, 2005 407 895-1892