

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000116539

1. Entity Name  
WORRYWARTZ, INC.



Principal Place of Business  
1809 ANTIGUA DRIVE  
ORLANDO, FL 32806

Mailing Address  
1809 ANTIGUA DRIVE  
ORLANDO, FL 32806



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0489701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEATON, DAVID K  
1809 ANTIGUA DRIVE  
ORLANDO, FL 32806

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIN, DARLENE A
STREET ADDRESS	1809 ANTIGUA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	KEATON, DAVID K
STREET ADDRESS	1809 ANTIGUA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	HATTON, NOREEN M
STREET ADDRESS	1904 HOUNDSLAKE DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	HATTON, ERNEST A JR.
STREET ADDRESS	1904 HOUNDSLAKE DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	HATTON, DAWN A
STREET ADDRESS	1904 HOUNDSLAKE DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000716527  
04/30/07-80010-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-17-07 407-895-6227