

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116539

Entity Name: WORRYWARTZ, INC.

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

1809 ANTIGUA DRIVE  
ORLANDO, FL 32806

## New Principal Place of Business:

## Current Mailing Address:

1809 ANTIGUA DRIVE  
ORLANDO, FL 32806

## New Mailing Address:

FEI Number: 51-0489701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEATON, DAVID K  
1809 ANTIGUA DRIVE  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRIFFIN, DARLENE A  
Address: 1809 ANTIGUA DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: KEATON, DAVID K  
Address: 1809 ANTIGUA DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: HATTON, NOREEN M  
Address: 1904 HOUNDSLAKES DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: HATTON, ERNEST A JR.  
Address: 1904 HOUNDSLAKES DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: HATTON, DAWN A  
Address: 1904 HOUNDSLAKES DRIVE  
City-St-Zip: WINTER PARK, FL 32792

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE A. GRIFFIN

TR

03/12/2009

Electronic Signature of Signing Officer or Director

Date