

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -5 AM 8:54

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000114202

1. Entity Name
TERI J. WARD, INC.



Principal Place of Business
1449 GRAND CAYMAN CIRCLE
WINTER HAVEN, FL 33884

Mailing Address
1449 GRAND CAYMAN CIRCLE
WINTER HAVEN, FL 33884

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #

1449 Grand Cayman Circle
Suite, Apt. #, etc.
Winter Haven, Fla.

3. Mailing Address

Same

Suite, Apt. #, etc.

02072007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
20-1464006

Applied For
Not Applicable

Zip
33884

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, TERI J
1449 GRAND CAYMAN CIRCLE
WINTER HAVEN, FL 33884

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.

SIGNATURE

Teri J. Ward

2-10-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
WARD, TERI J
1449 GRAND CAYMAN CIRCLE
WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500091538625
03/07/07--01020--001 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
500091538625
03/07/07--01020--002 **150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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.

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