

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05161

Entity Name: WORRELL ENTERPRISES, INC.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

1105 N. FEDERAL HWY  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

1005 LAKE AVENUE  
SUITE 301  
LAKE WORTH, FL 33460

## Current Mailing Address:

1180 SEMINOLE TRAIL  
SUITE 155  
CHARLOTTESVILLE, VA 22901

## New Mailing Address:

FEI Number: 62-1236304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORICH, SANDI  
1105 N. FEDERAL HWY  
BOYNTON BEACH, FL 33435      US

## Name and Address of New Registered Agent:

MORICH, SANDI  
1005 LAKE AVENUE  
SUITE 301  
LAKE WORTH, FL 33460      US

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: \_\_\_\_\_

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOODYEAR, KIMBERLY A  
Address: 1180 SEMINOLE TR, STE 155  
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: CD ( ) Delete  
Name: WORRELL, THOMAS E. J, R.  
Address: 1105 N. FEDERAL HWY.  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Delete  
Name: WORRELL, ODETTE A  
Address: 1105 N. FEDERAL HWY  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S ( ) Delete  
Name: FOELLMER, GLORIA  
Address: 1180 SEMINOLE TR, STE 155  
City-St-Zip: CHARLOTTESVILLE, VA 22901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change ( ) Addition  
Name: WORRELL, THOMAS E. J, R.  
Address: 1005 LAKE AVENUE, STE301  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP (X) Change ( ) Addition  
Name: WORRELL, ODETTE A  
Address: 1005 LAKE AVENUE, STE301  
City-St-Zip: LAKE WORTH, FL 33460

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: KIMBERLY GOODYEAR

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date