

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 017 ***150.00

DOCUMENT # P06000020363

1. Entity Name

WORLD WIDE VACUUM SYSTEMS, INC.



Principal Place of Business

2660 F ROAD
LOXAHATCHEE FL 33470

Mailing Address

2660 F ROAD
LOXAHATCHEE FL 33470

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

3500 FAIRLANE FARMS RD.

3. Mailing Address

P.O. Box 210823

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

WELLINGTON FL

City & State

ROYAL PALM BEACH, FL

4. FEI Number

20-4352099

Applied For

Not Applicable

Zip

Country

33414

USA

Zip

Country

33421-0823

U.S.A.

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

REAM, JOY M
2660 F ROAD
LOXAHATCHEE FL 33470

Name

Street Address (P.O. Box Number is Not Acceptable)
3500 FAIRLANE FARMS RD

SUITE # 13

City WELLINGTON

FL

Zip Code
33414

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

Joy M Ream

- DIRECTOR

13 FEB 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 \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
REAM, JOY M
2660 F ROAD
LOXAHATCHEE FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3500 FAIRLANE FARMS RD, #13
WELLINGTON, FL 33414 ☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
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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 Section 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:

Joy M Ream

JOY M. REAM

13 FEB 07

419-610-3153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #