

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90023 029 ***150.00

DOCUMENT # P07000111044					
1. Entity Name WORTH METALS, INC					
Principal Place of Business 354 PALMETTO BLUFF RD PALATKA, FL 32177 US			Mailing Address 354 PALMETTO BLUFF RD PALATKA, FL 32177 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02182008 Chg-P CR2E034 (12/06)	
4. FEI Number				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			7. Name and Address of New Registered Agent		
WORTH, TIMOTHY P 354 PALMETTO BLUFF RD PALATKA, FL 32177			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 _____ (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P,T WORTH, TIMOTHY P 354 PALMETTO BLUFF RD PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	S WORTH, VICKIE C 354 PALMETTO BLUFF RD PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Timothy P. Worth</u> Date: <u>3-3-08</u> Daytime Phone #: <u>(904) 626-1434</u>		