## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	ne	# <b>P930000586</b> /ORLD, INC.	340	er er militæ				Feb 12, 2004 Secretary	1 08:00 y of Sta	O AM ate	
Principal Place of Business 455 48TH STREET WEST BRADENTON FL 34209				Mailing Address 455 48TH STREET WEST BRADENTON FL 34209				4 188/1885 178 18188 1111 WWIII WAIII ABIII ABIII	Oriwe ibilo virs blbli i		
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt #, etc.				MOORE CR2EC	)34 (11/03)		
City & State			City	City & State			4.	FEI Number 65-0444838	j <del></del>	pplied For lot Applicable	
Zip Country			Zip		try	5. Certificate of Status Desired Fee Required					
	6. Name	and Address of Currer	t Register	ed Agent	<del>-</del>	Name	7. 1	Name and Address of New Register	ed Agent		
455	BRATCH 48TH ST ADENTON	IER REET W I FL 34209					(P.O. E	Box Number is Not Acceptable)		.=	
						City		F	Zip Cod	de	
	named entit		for the purp	ose of changing its	register	ed office or registe	ered ag	gent, or both, in the State of Florida. I a	am familiar with	, and accept	
SIGNATURE.		or printed name of registered age	and Mark	l'asta	C D	d Agent signature requir		cinstaing) DAT	· · · · · · · · · · · · · · · · · · ·	* - *	
	<del> </del>	····	ill and me ii api	Jucabile (401	L. negislere	a Agent signature reduit	ed whell to	energing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of St								9. Election Campalgn Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be of to Fees	
10.		OFFICERS AN	DIRECTO	RS	11.		AΣ	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV JILL BRAT 3609 67TH BRADENTO			☐ Delete		ł			☐ Change	Addition	
TITLE NAME STREET ADDRESS	3609 67TH			☐ Delete	TITLE NAM STRE			(/00000047812	☐ Change	Addition	
CITY - ST - ZIP						-ST-ZIP	<u> </u>				
TITLE NAME STREET ADDRESS CITY - ST-ZIP				☐ Delete	•	1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•	1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1				☐ Change	Addition	
of the cou	rporation of the	e information supplied w rt or supplemental report ne receiver or trustee em achment with an address	powered to	execute this report	as requi	mption stated in S ture shall have the red by Chapter 60	Section e same 07, Flori	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; that da Statutes, and that my name appear	certify that the it I am an office irs In Block 10 o	information or director or Block 11 if	

SIGNATURE: 1.11 Butch TILL Bratcher 2.10.04

**FILED** 

941-749-52163 Daytime Phone #