


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90353 040 \*\*\*150.00

**DOCUMENT # P95000066658**

1. Entity Name  
**WORD FOR WORD, INC.**



Principal Place of Business  
**486 SOUTH MILL VIEW WAY  
 PONTE VEDRA BEACH FL 32082**

Mailing Address  
**POST OFFICE BOX 2902  
 PONTE FEDRA BEACH FL 32004-2902**

2. Principal Place of Business  
**93 NINA LANE**

3. Mailing Address


Suite, Apt. #, etc.

City & State  
**PONTE VEDRA Beach**

City & State

Zip  
**32082**

Country  
**USA**



MOORE CR2E034 (11/03)

4. FEI Number **59-3333032** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, SUZANNE R.  
 486 SOUTH MILL VIEW WAY  
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name **ROBINSON, SUZANNE R.**

Street Address (P.O. Box Number is Not Acceptable) **93 NINA Lane**

City **PONTE VEDRA Beach FL** Zip Code **32082**

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 *Suzanne R. Robinson* DATE **4/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PSD ROBINSON, SUZANNE R POST OFFICE BOX 2902 N/A PONTE VEDRA BEACH FL 32004-2902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Suzanne R. Robinson* DATE **4/12/04** DAYTIME PHONE # **904 285-8579**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUZANNE R. ROBINSON**