2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90051 020 ***150.00

DOCUMENT # P95000066658

1. Entity Name

WORD FOR WORD, INC.

50014231

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
93 NINA LANE PONTE VEDRA BEACH FL 32082	POST OFFICE BOX 2902 PONTE FEDRA BEACH FL 32004-2902

2. Principal Place of Business	3. Mailing Address
4398 Autumn River Rd. E	P.O. Box 54582
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL 32224	City & State: Jacksonville, FL 32245
Zip: 32224 Country: USA	Zip: 32245 Country: USA

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	7. Name and Address of New Registered Agent
ROBINSON, SUZANNE R. 93 NINA LANE PONTE VEDRA BEACH FL 32082	Name: Suzanne R. Robinson Street Address (P.O. Box Number is Not Acceptable): 4398 Autumn River Road East City: Jacksonville FL Zip Code: 32224

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 SUZANNE R. ROBINSON DATE

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, 2005 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Robinson, Suzanne R. 4398 Autumn River Road East Jacksonville, FL 32224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 2/8/05 904-821-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #