2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF

Feb 11, 2005 8:00 am **Secretary of State** DOCUMENT # P95000066658 1. Entity Name 02-11-2005 90051 020 ***150.00 WORD FOR WORD, INC. Mailing Address Principal Place of Business POST OFFICE BOX 2902 PONTE FEDRA BEACH FL 32004-2902 93 NINA LANE PONTE VEDRA BEACH FL 32082 50014231 2. Principal Place of Business 3. Mailing Address 4398 Autumn River Rd. P.O. Box 54582 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-3333032 Jacksonville, Not Applicable FL 32224 <u>Jacksonville,</u> FL 32245 Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32224 32245 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Suzanne R. Robinson ROBINSON, SUZANNE R. Street Address (P.O. Box Number is Not Acceptable) 93 NINA LÂNE PONTE VEDRA BEACH FL 32082 4398 Autumn River Road East 32224 Jacksonville 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 egistered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Addition TITLE **PSD** ☐ Detete THILE PSD ROBINSON, SUZANNE R NAME Rôbinson, Suzanne R. NAME STREET ADDRESS 4398 Autumn River Road East POST OFFICE BOX 2902 N/A STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32004-2902 CITY-ST-7/P Jacksonville, FL 32224 TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED