

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000088457

1. Entity Name
IMPECUNIOUS COMPANIES, INC.



Principal Place of Business

**4565 FORSYTH STREET
BAGDAD, FL 32530**

Mailing Address

**POST OFFICE BOX 549
BAGDAD, FL 32530**

DO NOT WRITE IN THIS SPACE



08092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3409429

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WORDEN, RAYMOND O
4565 FORSYTH STREET
BAGDAD, FL 32530**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when recertifying)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WORDEN, RAYMOND O
STREET ADDRESS	4565 FORSYTH STREET
CITY-STATE-ZIP	BAGDAD, FL
TITLE	VP
NAME	WORDEN, RODNEY
STREET ADDRESS	3 ALTON CT
CITY-STATE-ZIP	HAMPTON, VA 23669
TITLE	ST
NAME	KING, TAMI E
STREET ADDRESS	10018 TELICO DR
CITY-STATE-ZIP	COLTEWAH, TN 37363
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: R. O. Worden R. O. Worden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/04 850-712-1338
Date Daytime Phone #