



FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90484 007 ***163.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000088475 1. Entity Name JIM & DEBBIE WORCESTER, P.A.		
Principal Place of Business 29259 US 19 N CLEARWATER, FL 33761 US		Mailing Address 5586 SALEM SQUARE DRIVE SOUTH PALM HARBOR, FL 34685 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4962 RIDGEMOOR BLVD Suite, Apt. #, etc.
City & State PALM HARBOR, FL		4. FEI Number 59-3443264
Zip 34685		Country PANELLAS
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent WORCESTER, JAMES M 5020 OYSTER COVE NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P <input type="checkbox"/> Delete NAME WORCESTER, JAMES M STREET ADDRESS 5020 OYSTER COVE CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 5586 SALEM SQUARE DR. S. STREET ADDRESS PALM HARBOR, FL 34685 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/22/04 87-172-8108 <small>Date Daytime Phone #</small>

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