

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 10, 2007  
Secretary of State**

DOCUMENT# P96000088475

Entity Name: JAMES M WORCESTER PA

**Current Principal Place of Business:**

34770 US 19 N.  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

29296 US 19 NORTH  
#203  
PALM HARBOR, FL 33761 US

**Current Mailing Address:**

5586 SALEM SQUARE DR S  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-3443264      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WORCESTER, JAMES M  
5586 SALEM SQUARE DRIVE S  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCGRAW, JOHN T PRES  
Address: 2825 MEADOW OAK DR E.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: V/T ( ) Delete  
Name: MCGRAW, JOHN T V/T  
Address: 2825 MEADOW OAK DR E.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: S/D ( ) Delete  
Name: MCGRAW, JOHN T S/D  
Address: 2825 MEADOW OAK DR E.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: C/M ( ) Delete  
Name: MCGRAW, JOHN T C/M  
Address: 2825 MEADOW OAK DR E.  
City-St-Zip: CLEARWATER, FL 33761 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T MCGRAW

PRES

08/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date