

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000002901 1. Entity Name WORLDWIDE INTEGRITY INVESTMENTS, INC.	
--	---

Principal Place of Business 423 NORTH BAYLEN STREET PENSACOLA, FL 32501	Mailing Address P.O. BOX 4087 CLEARWATER, FL 33758-4087
---	---



03172004 No Chg-P CR2E034 (10/03)

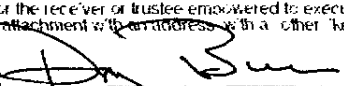
4. FEI Number 59-3418122	Applied For ☐ Not Applied For ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHIMEK, ARTHUR A 423 NORTH BAYLEN STREET PENSACOLA, FL 32501	
--	--

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 qualifications of registered agent.	
SIGNATURE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000007172
---	---	---------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P SHIMEK, ARTHUR A 423 NORTH BAYLEN STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DS BURNS, DOUG 2352 HARN BLVD CLEARWATER, FL 32546
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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)(c), 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 a other, the empowered.	
SIGNATURE 	4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	