

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90032 031 \*\*\*150.00

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

40044439



**DO NOT WRITE IN THIS SPACE**

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3418122

Applied For  
Not Applicable

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

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHIMEK, ARTHUR A
STREET ADDRESS	423 NORTH BAYLEN STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DS
NAME	BURNS, DOUG
STREET ADDRESS	2352 HARN BLVD
CITY-ST-ZIP	CLEARWATER, FL 32546
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/08 (727) 421-3255