

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000011329

1. Entity Name  
PLAYWORKS, INC.



Principal Place of Business

416 N. LINCOLN AVENUE  
CLEARWATER, FL 33755 US

Mailing Address

PO BOX 6315  
CLEARWATER, FL 33758-6315 US



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3430938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, WILLIAM R  
416 N. LINCOLN AVENUE  
CLEARWATER, FL 33755

**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, 2004 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	HIGGINS, WILLIAM
STREET ADDRESS	416 N. LINCOLN AVENUE
CITY-STATE-ZIP	CLEARWATER, FL 33755

TITLE	V
NAME	HIGGINS, LAUREN
STREET ADDRESS	416 N. LINCOLN AVENUE
CITY-STATE-ZIP	CLEARWATER, FL 33755

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
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CITY-STATE-ZIP	

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05/03/04-80175-022 150.00

**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)(f), 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 #

*William Higgins* *Lauren Higgins* 4.30.04 727.425.666