

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-26-2004 90006 001 ***150.00

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1. Entity Name

WORSLEY, INC.

Principal Place of Business

7950 NW 155TH ST. STE. 207
 MIAMI LAKES FL 33016

Mailing Address

7950 NW 155TH ST. STE. 207
 MIAMI LAKES FL 33016

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

7023 Loch Isle Dr S
 Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Miami Lakes, FL

Zip

Country

33014-2024

4. FEI Number

65-0804061

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENZER, MARK ESQ
 7050 NW 155TH ST. SUITE 207
 MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7023 Loch Isle Drive South

City

Miami Lakes

FL

Zip Code

33014

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]
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 11, 2004

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WORSLEY, J.R.	
STREET ADDRESS	4288 LENOX DRIVE	
CITY-ST-ZIP	MIAMI FL 33133-6721	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WORSLEY, JUDY BECKER	
STREET ADDRESS	4288 LENOX DRIVE	
CITY-ST-ZIP	MIAMI FL 33133-6721	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORSEY, JUDY BECKER	
STREET ADDRESS	4288 LENOX DRIVE	
CITY-ST-ZIP	MIAMI, FL 33133-6271	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20th February 2004 7862538330
 Date Daytime Phone #