

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000005132

1. Entity Name
WORTHWHILE DEVELOPMENT IV, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 AM 9:49

Principal Place of Business
1110 DOUGLAS AVE. SUITE 2050
ALTAMONTE SPRINGS, FL 32714

Mailing Address
1110 DOUGLAS AVE. SUITE 2050
ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business - No P.O. Box #
365 WEKIVA SPRINGS RD.
Suite, Apt. #, etc.
SUITE 231

3. Mailing Address
365 WEKIVA SPRINGS RD.
Suite, Apt. #, etc.
SUITE 231

City & State
LONGWOOD, FL
Zip
32779
Country
USA

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LONGWOOD, FL
Zip
32779
Country
USA

01282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3523190
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROYALL, H J JR
1110 DOUGLAS AVE
STE 2050
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
Name
ROYALL H.J. JR.
Street Address (P.O. Box Number is Not Acceptable)
365 WEKIVA SPRINGS ROAD
SUITE 231
City
LONGWOOD FL Zip Code
32779

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/11/08

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYALL, H J JR 1110 SOUGLAS AVE SUITE 2050 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYALL, H.J. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 365 WEKIVA SPRINGS RD. SUITE 231 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400125265274 04/23/08--01016--004 **1398.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/11/08 DAYTIME PHONE # 407-774-0305

4/22/08