

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 009 ***150.00

DOCUMENT # P98000106963

1. Entity Name
ONE-TWENTY-ONE INTERNATIONAL, INC.



Principal Place of Business
**219 W HAINES BLVD
LAKE ALFRED, FL 33850**

Mailing Address
**P.O. BOX 1121
LAKE ALFRED, FL 33850-1121**

40017292



2. Principal Place of Business
225 WEST HAINES BLVD

3. Mailing Address

02022005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE ALFRED FL

City & State

4. FEI Number
59-3553649

Applied For
Not Applicable

Zip
33850

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**WALKER, WILLIAM B
795 FISHER LANE
LAKE ALFRED, FL 33850**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 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** ☐ Delete
NAME **WALKER, WILLIAM B JR**
STREET ADDRESS **795 FISHER LANE**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE **V** ☐ Delete
NAME **WALKER, WILLIAM B**
STREET ADDRESS **795 FISHER LANE**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE **ST** ☐ Delete
NAME **WALKER, JOANN**
STREET ADDRESS **795 FISHER LANE**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

W B Walker

Pres.

2/7/2005

863-956-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #