

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                              |                                 |                                                                    |                                                                                                                       |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>DOCUMENT # P99000111290</b>                                                                                                                                                                                                |                              |                                 |                                                                    |                                     |                              |
| 1. Entity Name<br><b>WORTHEN GRADALL SERVICE, INC.</b>                                                                                                                                                                        |                              |                                 |                                                                    |                                                                                                                       |                              |
| Principal Place of Business<br><b>2822 JOHN DAVID PL<br/>LAKELAND FL 33811</b>                                                                                                                                                |                              |                                 | Mailing Address<br><b>2822 JOHN DAVID PL<br/>LAKELAND FL 33811</b> |                                                                                                                       |                              |
| 2. Principal Place of Business                                                                                                                                                                                                |                              |                                 | 3. Mailing Address                                                 |                                                                                                                       |                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                              |                                 | Suite, Apt. #, etc.                                                |                                                                                                                       |                              |
| City & State                                                                                                                                                                                                                  |                              |                                 | City & State                                                       |                                                                                                                       |                              |
| Zip                                                                                                                                                                                                                           | Country                      | Zip                             | Country                                                            | 4. FEI Number<br><b>59-3623075</b>                                                                                    |                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                              |                                 |                                                                    | <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br><input type="checkbox"/> Applied For Not Applicable |                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                              |                                 |                                                                    | 7. Name and Address of New Registered Agent                                                                           |                              |
| <b>WORTHEN, GEORGE</b><br><b>2822 JOHN DAVID PL</b><br><b>LAKELAND FL 33811</b>                                                                                                                                               |                              |                                 |                                                                    | 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 _____ (NOTE: Registered Agent signature required when reconstituting)                                                                                                                                               |                              |                                 |                                                                    |                                                                                                                       |                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                              |                                 |                                                                    |                                                                                                                       |                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                              |                                 |                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                 |                              |
| TITLE                                                                                                                                                                                                                         | PD                           | <input type="checkbox"/> Delete | TITLE                                                              | <input type="checkbox"/> Change                                                                                       | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          | <b>WORTHEN, GEORGE</b>       |                                 | NAME                                                               |                                                                                                                       |                              |
| STREET ADDRESS                                                                                                                                                                                                                | <b>2822 JOHN DAVID PLACE</b> |                                 | STREET ADDRESS                                                     |                                                                                                                       |                              |
| CITY - ST - ZIP                                                                                                                                                                                                               | <b>LAKELAND FL 33811</b>     |                                 | CITY - ST - ZIP                                                    |                                                                                                                       |                              |
| TITLE                                                                                                                                                                                                                         |                              | <input type="checkbox"/> Delete | TITLE                                                              | <input type="checkbox"/> Change                                                                                       | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          |                              |                                 | NAME                                                               |                                                                                                                       |                              |
| STREET ADDRESS                                                                                                                                                                                                                |                              |                                 | STREET ADDRESS                                                     |                                                                                                                       |                              |
| CITY - ST - ZIP                                                                                                                                                                                                               |                              |                                 | CITY - ST - ZIP                                                    |                                                                                                                       |                              |
| TITLE                                                                                                                                                                                                                         |                              | <input type="checkbox"/> Delete | TITLE                                                              | <input type="checkbox"/> Change                                                                                       | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          |                              |                                 | NAME                                                               |                                                                                                                       |                              |
| STREET ADDRESS                                                                                                                                                                                                                |                              |                                 | STREET ADDRESS                                                     |                                                                                                                       |                              |
| CITY - ST - ZIP                                                                                                                                                                                                               |                              |                                 | CITY - ST - ZIP                                                    |                                                                                                                       |                              |
| TITLE                                                                                                                                                                                                                         |                              | <input type="checkbox"/> Delete | TITLE                                                              | <input type="checkbox"/> Change                                                                                       | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          |                              |                                 | NAME                                                               |                                                                                                                       |                              |
| STREET ADDRESS                                                                                                                                                                                                                |                              |                                 | STREET ADDRESS                                                     |                                                                                                                       |                              |
| CITY - ST - ZIP                                                                                                                                                                                                               |                              |                                 | CITY - ST - ZIP                                                    |                                                                                                                       |                              |
| TITLE                                                                                                                                                                                                                         |                              | <input type="checkbox"/> Delete | TITLE                                                              | <input type="checkbox"/> Change                                                                                       | <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                          |                              |                                 | NAME                                                               |                                                                                                                       |                              |
| STREET ADDRESS                                                                                                                                                                                                                |                              |                                 | STREET ADDRESS                                                     |                                                                                                                       |                              |
| CITY - ST - ZIP                                                                                                                                                                                                               |                              |                                 | CITY - ST - ZIP                                                    |                                                                                                                       |                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

**SIGNATURE:** *George Worthen* *George Worthen* **2-1-06** **863-258-8917**