

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90131 008 \*\*\*158.75

**DOCUMENT # S04847**

1. Entity Name

MR. IRON, INC.



Principal Place of Business

1916-A CALUMET ST  
CLEARWATER FL 33765  
US

Mailing Address

4995 42ND AVE., N.  
ST. PETERSBURG FL 33709

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1916 A CALUMET ST,

CLEARWATER FL 33765

PINELLAS



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3034727

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WORTMAN, BARBARA A.  
4995 42ND AVENUE, NORTH  
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

WORTMAN BARBARA A.

1916 A CALUMET ST.

CLEARWATER

33765

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**

**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 ☐ Delete  
NAME WORTMAN, WILLIAM F.  
STREET ADDRESS 4995 2ND AVE., N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD ☐ Delete  
NAME WORTMAN, BARBARA A.  
STREET ADDRESS 4995 2ND AVE., N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PD ☐ Change ☐ Addition  
NAME WORTMAN WILLIAM F.  
STREET ADDRESS 1916 A CALUMET ST  
CITY-ST-ZIP CLEARWATER FL 33765

TITLE SD ☐ Change ☐ Addition  
NAME WORTMAN BARBARA A.  
STREET ADDRESS 1916 A CALUMET ST  
CITY-ST-ZIP CLEARWATER FL 33765

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:

Barbara Wortman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 2005 727-442-9589

Daytime Phone #