


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # S21476 1. Entity Name WORLD CONTINENTS, INC.	
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Principal Place of Business 4779 TIVOLI PLACE SARASOTA, FL 34235-3649	Mailing Address 4779 TIVOLI PLACE SARASOTA, FL 34235-3649
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0284641	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAROTTO, DANTE M.
4779 TIVOLI PLACE
SARASOTA, FL 34235-3649

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZEISLER, CATHERINE 4779 TIVOLI PLACE SARASOTA, FL 342353649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CZEISLER, CARMEN 4779 TIVOLI PLACE SARASOTA, FL 342353649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZEISLER, ALEJANDRO 4779 TIVOLI PLACE SARASOTA, FL 342353649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CZEISLER, LUDWIG 4779 TIVOLI PLACE SARASOTA, FL 342353649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/08-80043-019 150.00

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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: Ludwig Czeisler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ludwig Czeisler

2/8/08 President
Date Daytime Phone