

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46847

Entity Name: W9Y OF FLORIDA, INC.

FILED  
Jan 05, 2005  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 13037  
PORT EVERGLADES, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13037  
PORT EVERGLADES, FL 33316

**New Mailing Address:**

FEI Number: 65-0341929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIZZO, DAVID  
1825 S.E. 35TH STREET  
PORT EVERGLADES, FL 33316      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JACKSON, ROBERT M  
Address: 121 SE 3RD AVE.  
City-St-Zip: DANIA, FL 33004 US

Title: V      ( ) Delete  
Name: RAMSEY, WILLIAM A  
Address: 416 BETHEL RD.  
City-St-Zip: TROY, SC 29848 US

Title: S      ( ) Delete  
Name: JACKSON, DONALD S  
Address: 283 ORANGE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M JACKSON

P

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date