## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000086723

City-St-Zip:

TAMPA, FL 33647

Entity Name: WORK & SON - MEMORIAL SERVICES INC

FILED May 11, 2005 Secretary of State

Entity Nar	me: VVORK	SON - MEMORIAL SERVICES	S, INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	STREET WE ON, FL 3420					
Current Mailing Address:			New Mailing Address:			
	STREET WE ON, FL 3420					
FEI Number: 65-1135739 FEI Number Applied For ( ) FEI			FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
660 E. JÉF TALLAHAS	WENDY R ES FFERSON ST SSEE, FL 323	801 US				
	named entity of Florida.	submits this statement for the p	ourpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
Election Car	npaign Financir	93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ).	·			
OFFICERS	S AND DIREC	CTORS:	ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( WORK, CLIFF 18016 VILA C TAMPA, FL 3	REEK DR.	Title: Name: Address: City-St-Zip:	D WORK, CL 17705 ST. TAMPA, FL	LUCIA ISLE DRIVE	
Title: Name: Address: City-St-Zip:	D (X WORK, FRAN 7280 HWY 47 UNION, MN 6		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	WORK, KERI	) Delete CREEK DRIVE	Title: Name: Address:	O WORK, KE 17705 ST.	(X) Change()Addition RI LUCIA ISLE DRIVE	

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.

City-St-Zip: TAMPA, FL 33647

SIGNATURE: KERI WORK O 05/11/2005