2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-28-2004 90009 044 ***150.00
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080191

1. Entity Name
THE WORKSHOPS, INC.

Principal Place of Business	Mailing Address
5485 WEST BAYSHORE DRIVE PORT ORANGE, FL 32127 US	5485 WEST BAYSHORE DRIVE PORT ORANGE, FL 32127 US

DO NOT WRITE IN THIS SPACE

04182004 No Chg-P CR2E034 (10/03)

4. FEI Number
48-1270073
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MECK, TRAVIS C
5485 W. BAYSHORE DRIVE
PORT ORANGE, FL 32127

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MECK, TRAVIS C
STREET ADDRESS	5485 W. BAYSHORE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VP
NAME	MECK, STACY L
STREET ADDRESS	5485 W. BAYSHORE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: T C Meck 6-17-04 386-383-4046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

S70549S4

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The Workshops, Inc
5485 W Bayshore Drive
Port Orange FL 32127

June 17, 2004

Division of Corporation,

We are enclosing our Annual Report along with a check for $ 150. The reason it is being filed late is that our car was stolen. The report and payment, which we did not get back, was in the car. Only recently did we realize that the payment was not sent.

We have enclosed proof that the car was stolen.

Sincerely,

The Workshops, Inc