

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90024 045 ***150.00

DOCUMENT # P03000089554
 1. Entity Name
 WORKSTATIONS OF JACKSONVILLE INC



Principal Place of Business: 8640 PHILLIPS HWY SUITE 24 JACKSONVILLE, FL 32256
 Mailing Address: 8640 PHILLIPS HWY SUITE 24 JACKSONVILLE, FL 32256



2. Principal Place of Business: 8638 Phillips Hwy Suite, Apt. #, etc. #7
 3. Mailing Address: 8638 Phillips Hwy Suite, Apt. #, etc. #7

02152005 Chg-P CR2E034 (10/03)

City & State: Jax, FL
 Zip: 32256
 Country: [Blank]

4. FEI Number: 20-0172351
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: HULSBURG, JOHN O 2044 BELLE GROVE TRACE JACKSONVILLE, FL 32003
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P HULSBURG, JOHN O	TITLE	
NAME		NAME	
STREET ADDRESS	2044 BELLE GROVE TRACE	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32003	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: _____