

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089554

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WORKSTATIONS OF JACKSONVILLE INC

**Current Principal Place of Business:**

6950 PHILIPS HWY  
SUITE 49  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

6950 PHILIPS HWY  
SUITE 12  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6950 PHILIPS HWY  
SUITE 49  
JACKSONVILLE, FL 32216

**New Mailing Address:**

6950 PHILIPS HWY  
SUITE 12  
JACKSONVILLE, FL 32216

**FEI Number:** 20-0172351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HULSBURG, JOHN O  
2453 TALL CEDARS RD  
FLEMING ISLAND, FL 32003 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HULSBURG, JOHN O JR  
Address: 2453 TALL CEDARS RD  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: JOHN HULSBURG

MR

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date