2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P95000034284

Entity Name: WORKMAN GROUP, INC.

Current Principal Place of Business:

3590 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

3590 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 65-0584863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D ( ) Delete
Name: WORKMAN, DAVID H
Address: 3590 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: WORKMAN, LYNDA M
Address: 3590 N HARBOR CITY BVLD
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: WORKMAN, D. ROBERT
Address: 3590 N BARBOR CITY BVLD
City-St-Zip: MELBOURNE, FL

Title: D (X) Delete
Name: WORKMAN, D. RICHARD
Address: 3590 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WORKMAN, DAVID H
Address: 3590 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935 US

Title: PRES (X) Change ( ) Addition
Name: WORKMAN, LYNDA M
Address: 3590 N HARBOR CITY BVLD
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP (X) Change ( ) Addition
Name: WORKMAN, D. ROBERT
Address: 3590 N BARBOR CITY BVLD
City-St-Zip: MELBOURNE, FL 32935 US

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: DRW VP 04/20/2004

Electronic Signature of Signing Officer or Director Date