

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41216

Entity Name: BIOWORKS, INC.

FILED  
May 22, 2004  
Secretary of State

**Current Principal Place of Business:**

4054 N. GOLDENROD ROAD  
WINTER PARK, FL 327928209 US

**New Principal Place of Business:**

**Current Mailing Address:**

4054 N. GOLDENROD ROAD  
WINTER PARK, FL 327928209 US

**New Mailing Address:**

FEI Number: 59-3127603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VIERS, KARALYN S  
103 HARBOUR LINKS COURT  
ORLANDO, FL 32828 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: P ( ) Delete  
Name: VIERS, KARALYN S  
Address: 4050 GOLDENROD ROAD  
City-St-Zip: WINTER PARK, FL 32792

Title: TS ( ) Delete  
Name: VIERS, ROGER D  
Address: 4050 GLODENROD ROAD  
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VICE (X) Change ( ) Addition  
Name: VIERS, ROGER D  
Address: 4050 GLODENROD ROAD  
City-St-Zip: WINTER PARK, FL 32792

Title: ST ( ) Change (X) Addition  
Name: VIERS, WENDY M  
Address: 4050 N GOLDENROD ROAD  
City-St-Zip: WINTER PARK, FL 32792

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: KARALYN S VIERS

PRES

05/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date