

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006802

FILED
May 01, 2004
Secretary of State**Entity Name:** PROJECT: RETURN TO WORK INC.**Current Principal Place of Business:**3121 KINGSTON ST
PORT CHARLOTTE, FL 33952**New Principal Place of Business:****Current Mailing Address:**3121 KINGSTON ST
PORT CHARLOTTE, FL 33952**New Mailing Address:****FEI Number:** 94-3317507**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NIXON, FRAN
3121 KINGSTON ST
PORT CHARLOTTE, FL 33952**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:** SD () Delete
Name: NIXON, FRAN
Address: 3121 KINGSTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952**Title:** ED () Delete
Name: NIXON, FRAN
Address: 3121 KINGSTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P () Change (X) Addition
Name: BRAZELL, ROB R
Address: 3121 KINGSTON
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB R. BRAZELL

P

05/01/2004

Electronic Signature of Signing Officer or Director_____
Date