

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006802

**Entity Name:** PROJECT: RETURN TO WORK INC.

**Current Principal Place of Business:**

C/O CHARLOTTE COUNTY JUSTICE CENTER  
350 EAST MARION AVE OFFICE 3130  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

P.O. BOX 19381  
BOULDER, CO 80308 US

**FEI Number:** 94-3317507

**Certificate of Status Desired:** No

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

BRAZELL, ROB  
C/O CHARLOTTE COUNTY JUSTICE CENTER  
350 EAST MARION AVE OFFICE 3130  
PUNTA GORDA, FL 33950 US

*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

**Officer/Director Detail :**

Title TD  
Name BRAZELL, ROB  
Address C/O CHARLOTTE COUNTY JUSTICE  
CENTER  
350 EAST MARION AVE OFFICE 3130  
City-State-Zip: PUNTA GORDA FL 33950

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

**SIGNATURE:** ROB BRAZELL

**DIRECTOR**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date