


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 680790</b> 1. Entity Name WORKMAN MANUFACTURING, CORP.	
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Principal Place of Business 5601 COMMERCIAL BLVD WINTER HAVEN, FL 33880	Mailing Address 208 OVERLOOK DRIVE SE WINTER HAVEN, FL 33884
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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2149549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WORKMAN, MICHAEL E CLARK, CAMPBELL, & MAWHINNEY PA 500 SOUTH FLORIDA AVENUE - STE. 800 LAKELAND, FL 33801
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000039049 02/06/04-80162-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD OSBERG, GERALD J 208 OVERLOOK DRIVE SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD OSBERG, ERIN L 208 OVERLOOK DRIVE SE WINTER HAVEN, FL 33884
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  Erin L. Osberg 1/26/04 803-967-7326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #