


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90384 039 \*\*\*\*70.00

**DOCUMENT # 770826**

1. Entity Name  
**WORKFORCE CONNECTION, INC.**



Principal Place of Business  
**6 C HOLLYWOOD BLVD.  
 FORT WALTON BEACH, FL 32548 US**

Mailing Address  
**PO BOX 3091  
 FT WALTON BCH, FL 32547 US**

2. Principal Place of Business  
**409 NE RACETRACK RD**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**FORT WALTON BEACH FL**

City & State  
 Suite, Apt. #, etc.

Zip  
**32547**

Country  
**U.S.A.**



03222006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2326926**

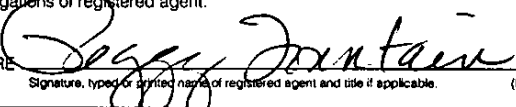
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FOUNTAIN, PEGGY  
 7 SHARILYN  
 SHALIMAR, FL 32579**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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  DATE **4/28/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

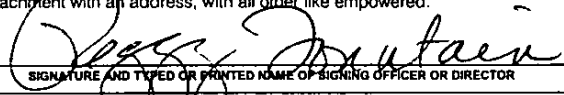
**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLIN, BARBARA 507 POCAHONTAS DRIVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, PEDRO PO BOX 33429 PENSACOLA, FL 32508 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, PEDRO PO BOX 33429 Pensacola, FL 32563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, MICHELE 4 LAGUNA STREET 101 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, MICHELE KELLY SERVICES 1500 FREEDOM SELF STORAGE RD, STE 4 FT. WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FOUNTAIN, PEGGY 7 SHARILYN SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, LESLIE 5892 JACK STOKES ROAD BAKER, FL 32531 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:  DATE **4/28/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40074934

# 770826

**WORKFORCE CONNECTION, INC.  
BOARD OF DIRECTORS  
DEC 2005**

James R. Miller, SPHR  
Miller Consulting  
1077 Troon Drive E  
Niceville, FL 32578

Tami Manard, PHR  
1030 Titan Ct.  
Ft. Walton Beach, FL 32547

Jacqueline Jones  
PO Drawer 1327  
Ft. Walton Beach, FL 32549-1327

Robin Grobsmith, SPHR  
P. O. Box 1935  
Eglin AFB, Florida 32542

Monica Colquett  
PO Box 1291  
Ft. Walton Beach, FL 32549

Carol E. Evans, CPA  
1409 Ariel Lane  
Ft. Walton Beach, FL 32547

Jean Anne Encardes  
654 Anchor Street  
Ft. Walton Beach, FL 32548

Charlie Ray  
92 Sunset Lane  
Shalimar, FL 32578

Jamie McEachern  
909 Mar Walt Drive, Suite 1014  
Ft. Walton Beach, FL 32547

Steve Gardner  
4518 Parkwood Lane East  
Niceville, FL 32578