

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004968

Entity Name: SUPPLYWORKS, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

2762 TEAK PLACE  
LAKE MARY, FL 32746

## New Principal Place of Business:

462 VICTOR AVENUE  
LONGWOOD, FL 32750

## Current Mailing Address:

PO BOX 953575  
LAKE MARY, FL 327953575

## New Mailing Address:

462 VICTOR AVENUE  
LONGWOOD, FL 32750

FEI Number: 01-0667283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOXWORTHY, MICHAEL L  
2762 TEAK PLACE  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

FOXWORTHY, MICHAEL L  
462 VICTOR AVENUE  
LONGWOOD, FL 32750 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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: FOXWORTHY, MICHAEL L  
Address: 2762 TEAK PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete  
Name: FOXWORTHY, ANNIE S  
Address: 2762 TEAK PLACE  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: FOXWORTHY, MICHAEL L  
Address: 462 VICTOR AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Change ( ) Addition  
Name: FOXWORTHY, ANNIE S  
Address: 462 VICTOR AVENUE  
City-St-Zip: LAKE MARY, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL L. FOXWORTHY

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date