

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90099 017 ***150.00

DOCUMENT # F99000002067

1. Entity Name
WORKFLOW OF FLORIDA, INC.



Principal Place of Business
**THREE GREENWICH OFFICE PARK
GREENWICH, CT 06831 US**

Mailing Address
**THREE GREENWICH OFFICE PARK
GREENWICH, CT 06831 US**

40076660



2. Principal Place of Business - No P.O. Box #

276 Park Avenue South

Suite, Apt. #, etc.

3rd Floor

City & State
New York, NY

Zip
10010

Country
USA

3. Mailing Address

276 Park Avenue South

Suite, Apt. #, etc.

3rd Floor

City & State
New York, NY

Zip
10010

Country
USA

04032007 Chg-P CR2E034 (12/06)

4. FEI Number
52-2164281

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MOSHER, GREG C**
STREET ADDRESS **THREE GREENWICH OFFICE PARK**
CITY-ST-ZIP **GREENWICH, CT 06831**

TITLE **PST** ☐ Delete
NAME **BOGUTSKY, PAUL H**
STREET ADDRESS **THREE GREENWICH OFFICE PARK**
CITY-ST-ZIP **GREENWICH, CT 06831**

TITLE **AS** ☐ Delete
NAME **COTTLE, ALLISON L**
STREET ADDRESS **THREE GREENWICH OFFICE PARK**
CITY-ST-ZIP **GREENWICH, CT 06831**

TITLE **AS** ☒ Delete
NAME **ORDING, THOMAS S**
STREET ADDRESS **220 W MONUMENT AVE.**
CITY-ST-ZIP **DAYTON, OH 454021223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **276 Park Avenue South, 3rd Floor**
CITY-ST-ZIP **New York, NY 10010**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **276 Park Avenue South, 3rd Floor**
CITY-ST-ZIP **New York, NY 10010**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **276 Park Avenue South, 3rd Floor**
CITY-ST-ZIP **New York, NY 10010**

TITLE **AT/AS** ☐ Change ☒ Addition
NAME **Gary W. Doner**
STREET ADDRESS **220 E. Monument Avenue**
CITY-ST-ZIP **Dayton, OH 45402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Gary W. Doner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary W. Doner, Assistant Treasurer

April 17, 2007

Date

Daytime Phone #