


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # G79383
 1. Entity Name
WORKSTATION CORPORATION



Principal Place of Business 3733 ADIROLF RD. P.O. BOX 5427 JACKSONVILLE, FL 32247	Mailing Address 3733 ADIROLF RD. P.O. BOX 5427 JACKSONVILLE, FL 32247
--	--

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2369667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANAHAN, JAMES M.
 3733 ADIROLF RD.
 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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: *James M. Lanahan* 2/2/05
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LANAHAN, JAMES M. 1739 BELMONTE AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST LANAHAN, MARIAN D. 1739 BELMONTE AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANAHAN, MARIAN D. 1739 BELMONTE AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000216689
 02/05/05-80059-006 150.00

DO NOT WRITE IN THIS SPACE

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: *James M. Lanahan* 2/2/05 9043963028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES M. LANAHAN