

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # J20425**

1. Entity Name  
**PIECE OF WORK CORP. OF BOYNTON BEACH**



Principal Place of Business

**1021 S ROGERS CIRCLE  
BAY #9  
BOCA RATON, FL 33487 US**

Mailing Address

**1021 S ROGERS CIRCLE  
BAY #9  
BOCA RATON, FL 33487 US**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2697019**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BARONE, PHIL  
2121 N.E. 31 ST.  
LIGHTHOUSE POINT, FL 33064**

**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

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, 2004 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	PSTD BARONE, PHIL 2121 NE 31ST STREET LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CARTER, KENNETH 7520 SEABREEZE DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000025071  
02/02/04-80090-020 158.75

**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:** *Phil Barone* **PHIL BARONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/04* **(561) 989-0930**

Date

Daytime Phone #