

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90073 042 ***158.75

DOCUMENT # J20425

1. Entity Name

PIECE OF WORK CORP. OF BOYNTON BEACH



Principal Place of Business
1181 S. ROGERS CIRCLE
BAY #15
BOCA RATON FL 33487
US

Mailing Address
1181 S. ROGERS CIRCLE
BAY #15
BOCA RATON FL 33487
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2697019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 - applicable)

(NOTE: Registered Agent signature required when to maintain)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PVTS
BARONE, PHIL
1181 S. ROGER CIRCLE BAY 15
BOCA RATON FL 33427 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
Vice Pres.
GREG LIBBY
1181 S. ROGER CIRCLE BAY 15
BOCA RATON, FL, 33427 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Phil Barone* - Phil Barone

1-18-07

561.989-0930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #