# , 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # J94994**

1. Entity Name WORKBUSTERS, INC.

Mailing Address Principal Place of Business

% GLENN HARRIS 6522 NEWMAN CIRCLE WEST LAKELAND, FL 33811

% GLENN HARRIS 6522 NEWMAN CIRCLE WEST LAKELAND, FL 33811

## **FILED** Mar 15, 2004 08:00 AM Secretary of State



02282004

No Chg-P

CR2E034 (10/03)

ī.	FEI Number	 Applied For
	59-2853745	 Not Applicable
_		 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

### 6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HARRIS, GLENN 6522 NEWMAN CIRCLE WEST LAKELAND, FL 33811

SIGNATURE:

### 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	fappicable (NOTE Registered	d Agent a gneture required when renetating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fire Trust Fund Contribution			S5,00 May Be				
10.	OFFICERS AND DIREC	TORS		the second of th			
TITLE MAME STREET ADDRESS CHY-ST-ZIP	O HARRIS, GLENN 6522 NEWMAN CIR. W. LAKELAND, FL			######################################			
NAME STREET ADDRESS GITY-ST-ZIP							
name Street Address City-St-&p			DQ	NOT WRITE			
NAME STREET ADDRESS ONY-ST-ZIP			IN *	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). 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 tike empowered.							