

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93428

Entity Name: WORKMAN'S KWIK-FIX, INC.

FILED
Jan 17, 2005
Secretary of State

Current Principal Place of Business:

4635 EMERSON ST
C/O DONALD E. WORKMAN
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4635 EMERSON ST
C/O DONALD E. WORKMAN
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2929198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, DONALD E.
4635 EMERSON ST
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WORKMAN, DONALD E
Address: 1305 RYAR ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: V () Delete
Name: WORKMAN, DAVID E SR.
Address: 1402 GLENDALE DR.
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: WORKMAN, MELISSA T.,
Address: 1402 GLENDALE DR
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: WILLIAMSON, MIKE
Address: 2891 DICKINSON RD
City-St-Zip: JACKSONVILLE, FL

Title: V (X) Delete
Name: BASS, JON S
Address: 4334 TURNER DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. WORKMAN

PRES

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date