

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93428

FILED  
Apr 09, 2012  
Secretary of State

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

**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

**OFFICERS AND DIRECTORS:**

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

Title: V  
Name: WORKMAN, DAVID E SR.  
Address: 1402 GLENDALE DR.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T  
Name: WORKMAN, MELISSA T.  
Address: 1402 GLENDALE DR  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V  
Name: WILLIAMSON, MIKE  
Address: 6272 RIVERIA LANE  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: DONALD E. WORKMAN

PRES

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date