

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003547

FILED
Mar 05, 2004
Secretary of State

Entity Name: WORKFORCE ESCAROSA, INC.

Current Principal Place of Business:

9111 STURDEVANT ST
SUITE A
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

9111 STURDEVANT ST
SUITE A
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3390564 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EMMANUEL SHEPPARD & CONDON, P.A.
30 S. SPRING STREET
PENSACOLA, FL 32501

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: CD () Delete
Name: THOMAS, RICHARD JR
Address: 474 MAN O WAR CIRCLE
City-St-Zip: PENSACOLA, FL 32533

Title: VCD () Delete
Name: WIGGINS, DEBBIE
Address: 250 CHAMBERS AVE, STE 33
City-St-Zip: NAS PENSACOLA, FL 325085259

Title: STD () Delete
Name: FINLEY, JOSEPH
Address: 910 GARDENGATE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: WIGGINS, DEBBIE
Address: 1149 CREIGHTON ROAD, SUITE 5
City-St-Zip: PENSACOLA, FL 32504

Title: VCD (X) Change () Addition
Name: SCARBROUGH, JOHN T
Address: 1 ENERGY PLACE
City-St-Zip: PENSACOLA, FL 32520

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FINLEY

STD

03/05/2004

Electronic Signature of Signing Officer or Director

Date