

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# N96000003547

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

EMMANUEL SHEPPARD & CONDON, P.A.  
30 S. SPRING STREET  
PENSACOLA, FL 32501 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: CD ( ) Delete  
Name: SCARBROUGH, JOHN T  
Address: 1 ENERGY PLACE  
City-St-Zip: PENSACOLA, FL 32520

Title: VCD ( ) Delete  
Name: ROYAL, JOHN P  
Address: 564 WEST BURGESS ROAD  
City-St-Zip: PENSACOLA, FL 32503

Title: STD ( ) Delete  
Name: D'ISA, ANNETTE  
Address: 9071 SECURITY PLACE  
City-St-Zip: PENSACOLA, FL 32526

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN T. SCARBROUGH

CD

05/01/2007

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

\_\_\_\_\_  
Date