

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003547

FILED
Apr 15, 2008
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 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: CD (X) Change () Addition
Name: ROYAL, JOHN P
Address: 564 WEST BURGESS ROAD
City-St-Zip: PENSACOLA, FL 32503

Title: VCD (X) Change () Addition
Name: SISK, STEVEN K
Address: 4282 AVALON BOULEVARD
City-St-Zip: MILTON, FL 32583

Title: STD (X) Change () Addition
Name: D'ISA, ANNETTE
Address: 5550 HERITAGE OAK DRIVE
City-St-Zip: PENSACOLA, FL 32526

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 P. ROYAL

CD

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date