

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003862

FILED
Jan 26, 2005
Secretary of State

Entity Name: TAMPA WORKSERVICES, INC.

Current Principal Place of Business:

5602 E. COLUMBUS DR.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9537
TAMPA, FL 336749537

New Mailing Address:

FEI Number: 59-0895908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LILLISTON, RICHARD
2714 W. KIRBY ST.
TAMPA, FL 33614 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: P () Delete
Name: PAUL, PIRO
Address: 2202 N. WESTSHORE BLVD; SUITE 455
City-St-Zip: TAMPA, FL 33607

Title: V () Delete
Name: ERIC, SIDOR S
Address: 4230 S. MACDILL AVE; SUITE H
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: WERKSTELL, SCOTT
Address: 9234 SHENANDOAH RUN
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: FRASSA, CONRAD
Address: 8001 LAGO VISTA DRIVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: HOLBROOK, TONY
Address: 2302 S. MANHATTAN AVE; # 312
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: LOGSDON, GLORIA
Address: 1150 SHIPWATCH CIRCLE
City-St-Zip: TAMPA, FL 33602

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:

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: RICHARD LILLISTON

CEO

01/26/2005

Electronic Signature of Signing Officer or Director

Date