2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000033311

1. Entity Name
EWORKS PRO, INC.

Principal Place of Business
4305 VINELAND ROAD G9
ORLANDO, FL 32811

Mailing Address
4305 VINELAND ROAD G9
ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE

01042004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3635561

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOCH, LARS
4305 VINELAND ROAD G-9
ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _L. Koch L. KOCH PRESIDENT_   04/15/04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000117556
04/19/04-80024-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KOCH, LARS
STREET ADDRESS	4305 VINELAND ROAD G-9
CITY-ST-ZIP	ORLANDO, FL 32811

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _L. Koch L. KOCH PRESIDENT 04/15/04_ 407-835-067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #