2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 20, 2004 8:00 am
Secretary of State

02-05-2004 90018 036 ***150.00

DOCUMENT # P00000108394

1. Entity Name
WORKFORCE DEPOT, INC.

Principal Place of Business	Mailing Address
6934 WILLOW CREEK RUN LAKE WORTH, FL 33463	PO BOX 684 REX, GA 30273-0684

66402591

01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5824 Waggoner Cove			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Rex, GA		City & State	
Zip: 30273	Country: USA	Zip	Country

4. FEI Number: 65-1060892 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRUEGER, BARBARA J
~~6934 WILLOW CREEK RUN~~
~~LAKE WORTH, FL 33463~~

7. Name and Address of New Registered Agent

Name: David S. Stone
Street Address (P.O. Box Number is Not Acceptable): 4326 Brandon Drive
City: Delray Beach FL Zip Code: 33445

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: Barbara J. Krueger [signature] DATE: 2/2/04

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KRUEGER, BARBARA J		NAME	
STREET ADDRESS	P O BOX 684		STREET ADDRESS	
CITY-ST-ZIP	REX, GA 302730684		CITY-ST-ZIP	
TITLE	VCFO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STONE, DAVID S		NAME	
STREET ADDRESS	4326 BRANDON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Barbara J Krueger [signature] 2/2/04 770-354-5020

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