


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90058 047 ***150.00

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DOCUMENT # P00000108394			
1. Entity Name WORKFORCE DEPOT, INC.			
Principal Place of Business 5824 WAGGONER COVE REX, GA 30273		Mailing Address PO BOX 684 REX, GA 30273-0684	
2. Principal Place of Business 135 Rudders Crossing		3. Mailing Address P.O. Box 71414	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Newnan, GA		City & State Newnan, GA	
Zip 30263	Country USA	Zip 30271-1414	Country USA
6. Name and Address of Current Registered Agent STONE, DAVID S 4326 BRANDON DR. DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>David S Stone</u> DAVID S Stone <u>1/22/05</u> 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KRUEGER, BARBARA J P.O. BOX 684 REX, GA 30273-0684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Barbara J. Krueger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 71414 Newnan, GA 30271-1414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO STONE, DAVID S 4326 BRANDON DRIVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Barbara J. Krueger</u> Barbara J Krueger <u>1/19/05</u> <u>770-354-5020</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #			