

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000010898

Entity Name: JUST WORKS, INC.

FILED  
Aug 14, 2005  
Secretary of State

## Current Principal Place of Business:

5207 WILCOX RD  
TAMPA, FL 33624

## New Principal Place of Business:

733 SE FT KING ST #8  
OCALA, FL 34471

## Current Mailing Address:

5207 WILCOX RD  
TAMPA, FL 33624

## New Mailing Address:

733 SE FT KING ST. #8  
OCALA, FL 34471

FEI Number: 59-3697608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSTD ( ) Delete  
Name: WALTON, WAYNE K  
Address: 5207 WILCOX RD  
City-St-Zip: TAMPA, FL 33624

Title: VPST ( ) Delete  
Name: COSIO, EDWIN  
Address: 733 SE FORT KING STREET APT 8  
City-St-Zip: OCALA, FL 34471 US

Title: S ( ) Delete  
Name: DEPAUL, DAN  
Address: 5207 WILCOX RD  
City-St-Zip: TAMPA, FL 33624

Title: T (X) Delete  
Name: RIGAMAT, DOUG  
Address: 5207 WILCOX RD  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: COSIO, EDWIN J  
Address: 733 SE FT KING ST. #8  
City-St-Zip: OCALA, FL 34471

Title: VPST (X) Change ( ) Addition  
Name: DEPAUL, DAN  
Address: 733 SE FORT KING STREET APT 8  
City-St-Zip: OCALA, FL 34471 US

Title: S (X) Change ( ) Addition  
Name: INGRAM, ROBERT  
Address: 733 SE FT KING #8  
City-St-Zip: OCALA, FL 34471

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN COSIO

PRES

08/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date