2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000034138

1. Entity Name
WORK SYSTEMS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
108 MARSH REED LANE	P.O. BOX 3557
PONTE VEDRA BEACH, FL 32082	PONTE VEDRA BEACH, FL 32004

DO NOT WRITE IN THIS SPACE

02232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-2711392	Not Applicable

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

6. Name and Address of Current Registered Agent

RESNICK, HAROLD S
108 MARSH REED LANE
PONTE VEDRA BEACH, FL 32082

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_____

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

U00000064205
02/24/04-80003-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	RESNICK, HAROLD S
STREET ADDRESS	108 MARSH REED LANE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	
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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: _Harold P. Resnick_ HAROLD S. RESNICK 2/23/04 904-273-2558

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