

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000060781**

1. Entity Name  
**HEALTHY @ WORK, INC.**



Principal Place of Business  
**1327 COTTONWOOD TRAIL  
SARASOTA, FL 34232**

Mailing Address  
**1327 COTTONWOOD TRAIL  
SARASOTA, FL 34232**



01072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**18-3325498**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BENS, CHARLES K  
1327 COTTONWOOD TRAIL  
SARASOTA, FL 34232**

**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 Charles K Bens  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Jan 8, 2007  
DATE

U00000520965

**FILE NOW!!! - FEE IS \$150.00 -  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

01/10/07-80065-004: 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **BENS, CHARLES K**  
STREET ADDRESS **1327 COTTONWOOD TRAIL**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **D**  
NAME **BENS, INGRID**  
STREET ADDRESS **1327 COTTONWOOD TRAIL**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **D**  
NAME **BENS, DAVID P**  
STREET ADDRESS **4433 LONGMEADOW DR.**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 exemptions contained in Chapter 119, 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: Charles K Bens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 2007 941-377-5920  
Date Daytime Phone #