

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
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**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
18-3325498

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000897228
04/25/08-80040-007 150.00

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, changed, or on an attachment with an address, with all other like empowered.

Charles K Bens