

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044695

FILED
May 17, 2004
Secretary of State

Entity Name: WORKING TOGETHER SERVICES INC.

Current Principal Place of Business:

2821 NE 4TH PL
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151191
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 75-3081179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, JENNIFER L
1104 SE 8TH ST.,#1
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

BUTLER, JENNIFER L
1017 SE 12TH LN
CAPE CORAL, FL 33919 US

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

05/17/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUTLER, JENNIFER L
Address: 1104 SE 8TH STREET #1
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUTLER, JENNIFER L
Address: 1017 SE 12TH LN
City-St-Zip: CAPE CORAL, FL 33919

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: JENNIFER L BUTLER

P

05/17/2004

Electronic Signature of Signing Officer or Director

Date