


FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90094 012 ***550.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000053740			
1. Entity Name WORKPLACE INSTALLERS INC.			
Principal Place of Business 7703 KINGSPOINTE PARKWAY 800 ORLANDO, FL 32819		Mailing Address 7703 KINGSPOINTE PARKWAY 800 ORLANDO, FL 32819	
2. Principal Place of Business 3521 Enterprise Way		3. Mailing Address 3521 Enterprise Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miramar FL		City & State Miramar FL	
Zip 33025		Zip 33025	
Country		Country	
4. FEI Number 30-0078269		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECK, DOUG 1059 NASH DRIVE CELEBRATION, FL 34747		7. Name and Address of New Registered Agent Beck, Tracy 18901 SW 30th St. Miramar, FL 33029	
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. Tracy J Beck SIGNATURE: _____ DATE: 5/31/04			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	DVS	<input type="checkbox"/> Delete	
NAME	BECK, DOUG		
STREET ADDRESS	1059 NASH DRIVE		
CITY-ST-ZIP	CELEBRATION, FL 34747		
TITLE	DPT	<input type="checkbox"/> Delete	
NAME	BECK, TRACY J		
STREET ADDRESS	1059 NASH DRIVE		
CITY-ST-ZIP	CELEBRATION, FL 34747		
TITLE	DV	<input type="checkbox"/> Delete	
NAME	ROUSSEAU, MICHAEL G		
STREET ADDRESS	5125 PALM SPRINGS BLVD #5102		
CITY-ST-ZIP	TAMPA, FL 33647		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	18901 SW 30th St.		
CITY-ST-ZIP	Miramar, FL 33029		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	18901 SW 30th St.		
CITY-ST-ZIP	Miramar, FL 33029		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 fee empowered.			
SIGNATURE: Tracy J Beck		5/31/04 954-704-8833	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	