

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90002 015 \*\*\*150.00

**DOCUMENT # P02000065933**

1. Entity Name  
**OUR WORK IS FUN, INC.**



Principal Place of Business  
**1047 13TH STREET NORTH  
ST. PETERSBURG, FL 33705**

Mailing Address  
**1047 13TH STREET NORTH  
ST. PETERSBURG, FL 33705**

**30052236**

2. Principal Place of Business  
**1020 32ND STREET NORTH**  
Suite, Apt. #, etc.

3. Mailing Address  
**1020 32ND STREET NORTH**  
Suite, Apt. #, etc.

08152005 Chg-P CR2E034 (10/03)

City & State  
**ST. PETERSBURG FL**

City & State  
**ST. PETERSBURG FL**

4. FEI Number  
**90-0038134**

Applied For  
Not Applicable

Zip  
**33713**

Country

Zip  
**33713**

Country

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

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

**HALE, FRED H  
5850 PARK BLVD.  
STE 1  
PINELLAS PARK, FL 33781-3354**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HALE, FRED H 1047 13TH STREET NORTH ST. PETERSBURG, FL 33705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ALVES-BARTZ, JOSEFINA C 1047 13TH STREET NORTH SAINT PETERSBURG, FL 33705</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEBO-MACHIZUKI, DEBORAH M. 1020 32ND STREET NORTH SAINT PETERSBURG, FL 33713</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*Deborah M. Debo-Machizuki*

*Deborah M. Debo-Machizuki*

*8/15/05*