
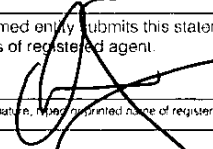
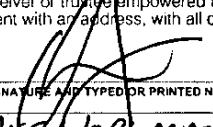


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90350 035 ***150.00

DOCUMENT # P03000032783 1. Entity Name WORKMAN INTERESTS, INC.					
Principal Place of Business 1301 RIVERPLACE BOULEVARD SUITE 1609 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BOULEVARD SUITE 1609 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 11702 Beach Blvd.		3. Mailing Address 11702 Beach Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 61-1447120	
Zip 32246		Country US		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 PEEK, EUGENE G III 1301 RIVERPLACE BOULEVARD SUITE 1609 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name David E. Workman, Jr. Street Address (P.O. Box Number is Not Acceptable) 11702 Beach Blvd. City Jacksonville FL Zip Code 32246		
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:  DATE: 04/22/08 <small>Signature: Print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEEK, EUGENE G III 1301 RIVERPLACE BOULEVARD #1609 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WORKMAN, DAVID E JR. 1301 RIVERPLACE BOULEVARD #1609 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 Riverside Ave., Suite 601 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11702 Beach Blvd. Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11702 Beach Blvd. Jacksonville, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11702 Beach Blvd. Jacksonville, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11702 Beach Blvd. Jacksonville, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		DATE: 04/22/08 Daytime Phone #: (904) 641-2433			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVE WORKMAN JR- PRESIDENT					