

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062713

FILED
Apr 28, 2005
Secretary of State

Entity Name: WORK SERVICES OF SOUTHWEST FL. INC.

Current Principal Place of Business:

5791 16TH AVE NW
NAPLES, FL 34119

New Principal Place of Business:

5791 STANDING OAKS LANE
NAPLES, FL 34119

Current Mailing Address:

5791 16TH AVE NW
NAPLES, FL 34119

New Mailing Address:

5791 STANDING OAKS LANE
NAPLES, FL 34119

FEI Number: 37-1468433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MARIANNE
5791 16TH AVE NW
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

WILSON, MARIANNE
5791 STANDING OAKS LANE
NAPLES, FL 34119 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: MARIANNE WILSON

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WILSON, MARIANNE
Address: 5791 16TH AVE NW
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: JACKE, MICHAEL L
Address: 5791 16TH AVE NW
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: WILSON, MARIANNE
Address: 5791 STANDING OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: SD (X) Change () Addition
Name: JACKE, MICHAEL L
Address: 5791 STANDING OAKS LANE
City-St-Zip: NAPLES, FL 34119

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: MICHAEL L JACKE

SD

04/28/2005

Electronic Signature of Signing Officer or Director

Date