

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089554

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** WORKSTATIONS OF JACKSONVILLE INC

**Current Principal Place of Business:**

3781 SAN JOSE PLACE  
SUITE 28  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

8030 PHILIPS HWY  
SUITE 12B  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

3781 SAN JOSE PLACE  
SUITE 28  
JACKSONVILLE, FL 32257

**New Mailing Address:**

8030 PHILIPS HWY  
SUITE 12B  
JACKSONVILLE, FL 32256

**FEI Number:** 20-0172351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HULSBURG, JOHN O  
501 CHINKAPIN CT  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HULSBURG, JOHN O  
Address: 501 CHINKAPIN CT  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN O HULSBURG

PRES

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date