

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90281 037 ***150.00

DOCUMENT # P03000140215

1. Entity Name

THE WORK GROUP LIMITED, INC.



Principal Place of Business

8750 SYMMES ROAD #125
GIBSONTOWN, FL 33534

Mailing Address

8750 SYMMES ROAD #125
GIBSONTOWN, FL 33534



04192005

Chg-P

CR2E034 (10/03)

2. Principal Place of Business

8213 Mill Creek Lane
Suite, Apt. #, etc.

3. Mailing Address

8213 Mill Creek Lane
Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

Zip

34667

Country

USA

Zip

34667

Country

USA

4. FEI Number

20-0450487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOSE A
17410-A US HWY 41 N.
LUTZ, FL 33558

7. Name and Address of New Registered Agent

Name Charlene Thomason

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

8213 Mill Creek Lane

City Hudson

FL

Zip Code

34667

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

Charlene Thomason

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

4-20-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME THOMASON, CHARLENE
STREET ADDRESS 8750 SYMMES ROAD #125
CITY-ST-ZIP GIBSONTOWN, FL 33534

TITLE VPD ☐ Delete
NAME HANSFORD, JOHN C
STREET ADDRESS 8750 SYMMES ROAD #125
CITY-ST-ZIP GIBSONTOWN, FL 33534

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME Thomason, Charlene
STREET ADDRESS 8213 Mill Creek Lane
CITY-ST-ZIP Hudson FL 34667

TITLE VPD ☒ Change ☐ Addition
NAME HANSFORD, John C
STREET ADDRESS 8213 Mill Creek Lane
CITY-ST-ZIP Hudson FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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

Charlene Thomason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-05

Daytime Phone #

727 860-4090