

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031666

Entity Name: WORKMAN LAW OFFICE, P.A.

FILED  
Aug 29, 2008  
Secretary of State

## Current Principal Place of Business:

4237 SALISBURY ROAD NORTH  
SUITE 402  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

POST OFFICE BOX 551510  
JACKSONVILLE, FL 32255 US

## New Principal Place of Business:

3001 SW 24TH AVENUE  
1608  
OCALA, FL 34474 US

## New Mailing Address:

POST OFFICE BOX 772562  
OCALA, FL 34477 US

FEI Number: 20-0739004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WORKMAN, DALE E WSQ  
4237 SALISBURY ROAD NORTH  
SUITE 402  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

WORKMAN, DALE E ESQ  
3001 SW 24TH AVENUE  
1608  
OCALA, FL 34474 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: DALE E. WORKMAN, ESQ.

08/29/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WORKMAN, DALE E ESQ  
Address: 4237 SALISBURY ROAD N SUITE 402  
City-St-Zip: JACKSONVILLE, FL 32216 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WORKMAN, DALE E ESQ  
Address: POST OFFICE BOX 772562  
City-St-Zip: OCALA, FL 34477 US

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: DALE E. WORKMAN, ESQ.

P

08/29/2008

Electronic Signature of Signing Officer or Director

Date