

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90155 042 ***150.00

DOCUMENT # P05000092845

1. Entity Name
GOVERNMENT WORKERS INCORPORATED



Principal Place of Business
**9639 N. ARMENIA AVE.
TAMPA, FL 33612**

Mailing Address
**9639 N. ARMENIA AVE.
TAMPA, FL 33612**

40068509



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HACKNEY, WILLIAM L. JR.
14808 LAKE MAGDALENE CIR.
TAMPA, FL 33603**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HACKNEY, WILLIAM L. JR.**
STREET ADDRESS **14808 LAKE MAGDALENE CIR.**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **D** ☐ Delete
NAME **PEREZ, LENIN V.**
STREET ADDRESS **3603 MALOA WAY**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **D** ☐ Delete
NAME **PEREZ, VIVIAN L.**
STREET ADDRESS **3603 MALOA WAY**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **D** ☐ Delete
NAME **HACKNEY, BETTY B.**
STREET ADDRESS **14808 LAKE MAGDALENE CIR.**
CITY-ST-ZIP **TAMPA, FL 33603**

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 **D** ☒ Change ☐ Addition
NAME **HACKNEY, WILLIAM L. JR.**
STREET ADDRESS **14808 LAKE MAGDALENE CIR.**
CITY-ST-ZIP **TAMPA, FL. 33613**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **HACKNEY, BETTY B.**
STREET ADDRESS **14808 LAKE MAGDALENE CIR.**
CITY-ST-ZIP **TAMPA, FL. 33613**

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 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: *William Hackney* **William Hackney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2006 813-931-1984

Date Daytime Phone #

Division of Corporations
ATTACHMENT Annual Report

40068509

#P05000092845

Payment Page

Document Tracking # - 300068847923

Document Number # - P05000092845

The charge amount for your filing is \$150.00

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Credit Card Payment

Please select the option below only if you have an established Sunbiz E-File Account and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment

Start Over

Sunbiz Home Page

Annual Report Help