

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000148724

Entity Name: WORKSHOP 131, INC.

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1505 COLONIAL DR  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1505 COLONIAL DR  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 01-0849676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVINE, MARK S  
245 E VIRGINIA STREET  
TALLAHASSEE, FL 32301 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: PTS  
Name: ROBINSON, KELLEY  
Address: 1505 COLONIAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP  
Name: ROBINSON, CHRIS  
Address: 1505 COLONIAL DR  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: KELLEY ROBINSON

PTS

02/15/2010

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

\_\_\_\_\_  
Date