

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068194

FILED  
Aug 04, 2010  
Secretary of State

Entity Name: WORKFORCE HOMES, INC.

## Current Principal Place of Business:

1038 WEST COUNTY RD. 48  
SUITE 102  
BUSHNELL, FL 33513

## New Principal Place of Business:

499 NORTH STATE ROAD 434  
SUITE 2019  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

P.O. BOX 915001  
LONGWOOD, FL 32791

## New Mailing Address:

FEI Number: 20-4869124      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'NEAL, CHARLES W  
101 STAG RIDGE CT.  
LONGWOOD, FL 32779      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

## OFFICERS AND DIRECTORS:

Title: P  
Name: O'NEAL, CHARLES W  
Address: 101 STAG RIDGE CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: S  
Name: O'NEAL, CHARLES W  
Address: 101 STAG RIDGE CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: T  
Name: O'NEAL, CHARLES W  
Address: 101 STAG RIDGE CT.  
City-St-Zip: LONGWOOD, FL 32779

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: CHARLES W O'NEAL

PRES

08/04/2010

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

\_\_\_\_\_  
Date