

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000044020

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** THOMAS WORKMAN & ASSOCIATES, CERTIFIED PUBLIC ACCOUNTANTS, CHARTERED

**Current Principal Place of Business:**

1700 SO. DIXIE HIGHWAY  
403  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 811117  
BOCA RATON, FL 334811117 US

**New Mailing Address:**

**FEI Number:** 65-0417767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WORKMAN JR, THOMAS  
2870 NW 23 COURT  
BOCA RATON, FL 33431 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: PST  
Name: WORKMAN, THOMAS J  
Address: 1700 SO. DIXIE HWY., STE 403  
City-St-Zip: BOCA RATON, FL 33432 US

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: THOMAS WORKMAN, JR

PRES

02/02/2011

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

\_\_\_\_\_  
Date