## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # DOCODO02126

## FILED Jul 25, 2005 8:00 am Secretary of State 07-25-2005 90100 044 \*\*\*150.00

1. Entity Nam	ORKS LAND DEVELO				0, <b>2</b> 3 <b>2</b> 003 3		150.		
Principal Place of Business		Mailing Address	,I,		ĺ		innem.	4 m m	
6735 33RD ST E SARASOTA, FL 34243 US		6735 33RD ST E Sarasota, Fl. 34243	US			, Ū	50057	107	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07082005	Chg-P	CR2E034	4 (10/03)	
City & State		City & State	City & State		4. FEI Numb	= '			plied For t Applicable
Zip Country		Zip	ip Country		5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of C	urrent Registered Agent			7. Name and	Address of New R	legistered Ag	ent	
SMALLEY, 3125 63RD	MICHAEL S		Name TA			JOHN E			
	ON, FL 34203	,	Sireer Addr			ST E			
			City	BRA:	DENTOA	<u> </u>	FL	Zip Code	£43
8. The above the obligati	named entity submits this state	ment for the purpose of changing its r	registered offi				orida. I am far	miliar with,	and accept
SIGNATURE_	Signature, speed or printed name of register		Registered Agent			, <del>, ,</del>	7/20/05	<del>-</del>	
	LE NOW!!! FEE IS \$150. ue by September 7, 200				.00 May Be ed to Fees	In accordance v corporation did	with s. 607.1 not receive	93(2)(b), the prior r	F.S., the notice.
10.	OFFICER	S AND DIRECTORS	11.	***	ADDITIONS.	CHANGES TO OFF	ICERS AND D	DIRECTORS	3 IN 11
TITLE	PRES	Delete	TITLE					Change	☐ Addition
NAME	SMALLEY, MICHAEL	•	NAME						
STREET ADDRESS CITY-ST-ZIP	9022 SABAL PALM CIR BRADENTON, FL 34202		STREET ADDR	,					
TITLE	VP	<b>Ø</b> -Delete	TITLE	PRE	.<		·	Change	Addition
NAME	JACKSON, JOHN B	<b>4.</b> Delete	NAME	JAC	KSON, 3314	TOHNB	·	ZNO nanye	☐ Addition
STREET ADDRESS	3125 63RD AVE E		STREET ADDR	RESS 673	०५ ३३५५	STE			
CITY-ST-ZIP	BRADENTON, FL 34203		CITY - ST - ZIP	BR	ADENTON	J. FL 3	4243		
TITLE		☐ Delete	TITLE				l	Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDR						
			CITY-ST-ZIP					7.0	
TITLE NAME		☐ Delete	TITLE NAME				,	Change	Addition Addition
STREET ADDRESS			STREET ADDR	RESS					
CITY-ST-ZIP			CITY-ST-ZIP	·					
TITLE		☐ Delete	TITLE				i	Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	1					
TITLE		∏ n_t	TITLE	-				Change	Addition
NAME		☐ Delete	NAME				ı	criange	LJ AUGRIOI
STREET ADDRESS			STREET ADDI	RESS					
CITY-ST-ZIP			CITY-ST-ZIP	·					
12. I hereby o	certify that the information suppl	ied with this filing does not qualify for	the exemption	n stated in Se	ection 119.07(3)	(i). Florida Statutes.	I further certif	v that the in	nformation

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath; that I am an officer or director of the corporation or the receiver of trustee empoyered 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 either like empowered.

SIGNATURE: \_

NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. TACKSON

7/20/05

941-758-4811

Daytime Phone #