

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90144 039 ***150.00

DOCUMENT # P96000070651

1. Entity Name
WORKERS OF FLORIDA, INC.



Principal Place of Business
**930 WILLISTON PARK POINT DR.
1110
LAKE MARY, FL 32746**

Mailing Address
**P.O. BOX 954179
LAKE MARY, FL 32795-4179**

20029262



03292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3423802

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARKEY, KEVIN P
25 MCLEOD STREET
MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent

Name **Hector, James J.**
Street Address (P.O. Box Number is Not Acceptable)
215 N. Eola Drive
City **Orlando** **FL** Zip Code **32801**

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 **James J. Hector** - James J. Hector

3/31/05

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, 2005 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	<input type="checkbox"/> Delete
NAME	LANG, MARK A	
STREET ADDRESS	930 WILLISTON PARK POINT DR.	
CITY - ST - ZIP	LAKE MARY, FL 32746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LANG, JOSEPH M	
STREET ADDRESS	930 WILLISTON PARK POINT DRIVE	
CITY - ST - ZIP	LAKE MARY, FL 32746	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	STANLEY, MICHAEL A	
STREET ADDRESS	930 WILLISTON PARK POINT DRIVE	
CITY - ST - ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: **Mark Lang**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

407 472-0024

Daytime Phone #