

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000068572

Entity Name: WORKMAN & ASSOCIATES, INC.

FILED
Aug 12, 2006
Secretary of State

Current Principal Place of Business:

3226 VAN BUREN AVE.
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

3226 VAN BUREN AVE.
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-3461477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, SHARON L
3226 VAN BUREN AVENUE
NAPLES, FL 34112 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: D () Delete
Name: WORKMAN, SHARON L
Address: 3226 VAN BUREN AVE
City-St-Zip: NAPLES, FL 34112

Title: PST (X) Delete
Name: WORKMAN, SHARON L
Address: 3226 VAN BUREN AVE
City-St-Zip: NAPLES, FL 34112

Title: V () Delete
Name: HUENEFELD, LEROY
Address: 521 NEAPOLITAN LANE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WORKMAN, SHARON L
Address: 3226 VAN BUREN AVE
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON L WORKMAN

PST

08/12/2006

Electronic Signature of Signing Officer or Director

Date