

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90281 017 \*\*\*150.00

<b>DOCUMENT # P99000018174</b>	
1. Entity Name <b>WORKMAN'S PROFESSIONAL PAINTING, INC.</b>	

Principal Place of Business <b>1626 COCOA BAY BLVD COCOA, FL 32926</b>	Mailing Address <b>1626 COCOA BAY BLVD COCOA, FL 32926</b>
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**40069234**



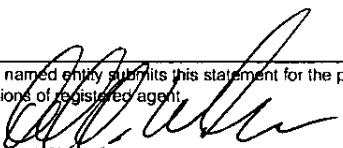
2. Principal Place of Business <b>3730 Greenville Street</b>	3. Mailing Address <b>3730 Greenville Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State <b>Cocoa, FL.</b>	City & State <b>Cocoa, FL.</b>	4. FEI Number <b>59-3561470</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32926</b>	Country <b>U.S.A</b>	Zip <b>32926</b>	Country <b>U.S.A</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WORKMAN, DAVID A 1626 COCOA BAY BLVD COCOA, FL 32926</b>		Name <b>Workman, David A.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>3730 Greenville Street</b>	
		City <b>Cocoa</b>	
		State <b>FL</b>	

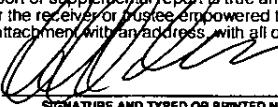
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **David A. Workman, Pres.** **4/25/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS <b>WORKMAN, DAVID A</b> <input type="checkbox"/> Delete <b>1626 COCOA BAY BLVD., COCOA, FL 32926</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS <b>Workman, David A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3730 Greenville Street Cocoa, FL. 32926</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:  **David A. Workman, Pres.** **4/25/05** **(321)639-9646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #