## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 25, 2006 8:00 am Secretary of State 01-25-2006 90022 049 \*\*\*150.00

1. Entity Nam	MENT # V05806 LWORK, INC.					-			
Principal Place of Business 200 N HOLLY AVE SANFORD, FL 32771 US		Mailing Address 200 N HOLLY AVE SANFORD, FL 32771 US			 		I EIDH 6711 91		1 <b>76</b> 6 / 1701
Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172006	Chg-P	CR2E	34 (11/05)	
City & State		City & State			4. FEI Numb 59-310				plied For t Applicable
Zip	Country	Zip Counti			5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CLACK, JEFF N			Name	Street Address (P.O. Box Number is Not Acceptable)					
200 N HOLLY AVE SANFORD, FL 32771			30000	Street Address (F.O. Box Number is Not Acceptable)					
<b>3</b> **			City	City FL Zip Code					
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									
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing—  Trust Fund Contribution. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								<u> </u>	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS.	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CLACK, JEFF N 1866 LONGWOOD LK MARY F LONGWOOD, FL 32750	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTO, JAMES 7377 VICTORIA CIRCLE CENTURY, FL 32535	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	105 5	TO, JAMES SWEETBRIA GWOOD, FL			<b>⊠</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5				☐ Change	Addition
TITLE NAME STREET ADORESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5				Change	Addition
TITLE	<u> </u>	☐ Delete	TITLE	<del>                                     </del>				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	s			•		: :_
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·· . · ·	CITY-ST-ZIP	٠ -					
TITLE NAME	7_9r	☐ Delete	TITLE NAME		• •		<u> </u>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	````	STREET ADDRESS CITY-ST-ZIP	s   -	**************************************		· :		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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. 324-2331

SIGNATURE: