

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10010

FILED
Mar 17, 2004
Secretary of State

Entity Name: WORK MAN SERVICES, INC.

Current Principal Place of Business:

112 JEFFERSON AVE
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3417
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 65-0306692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESPINOZA, ROSE
5105 QUAIL ROOST RD.
IMMOKALEE, FL 33934 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESPINOZA, JAIME
Address: P.O BOX 2380 N/A
City-St-Zip: IMMOKALEE, FL

Title: VS () Delete
Name: ESPINOZA, ROSE,
Address: P.O BOX 2380 N/A
City-St-Zip: IMMOKALEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change () Addition
Name: ESPINOZA, ROSE,
Address: P.O BOX 2380 N/A
City-St-Zip: IMMOKALEE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROSE ESPINOZA

VS

03/17/2004

Electronic Signature of Signing Officer or Director

Date