

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10010

Entity Name: WORK MAN SERVICES, INC.

FILED  
Jan 21, 2009  
Secretary of State

## 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:

ESPINOZA, ROSE  
5105 QUAIL ROOST RD.  
IMMOKALEE, FL 34143 US

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:

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESPINOZA, BELEN  
Address: 5110 QUAIL ROOST RD  
City-St-Zip: IMMOKALEE, FL

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

Title: S ( ) Delete  
Name: ESPINOZA, ROSE  
Address: P.O. BOX 2380  
City-St-Zip: IMMOKALEE, FL 34143 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ESPINOZA, BELEN  
Address: 5110 QUAIL ROOST RD  
City-St-Zip: IMMOKALEE, FL 34142

Title: VP (X) Change ( ) Addition  
Name: ESPINOZA, JAMIE JONA, THAN  
Address: 5108 QUAIL ROOST RD.  
City-St-Zip: IMMOKALEE, FL 34142

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

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

RA

01/21/2009

Electronic Signature of Signing Officer or Director

Date