

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 16, 2006  
Secretary of State**

DOCUMENT# N99000005902

Entity Name: THE JOBS PARTNERSHP OF FLORIDA, INC.

**Current Principal Place of Business:**

7531 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

7531 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809 US

**New Mailing Address:**

FEI Number: 59-3612893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STANAKIS, MARC C  
7531 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809 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: HUNTER, JOEL  
Address: 7531 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: T/D ( ) Delete  
Name: RAHILL, PAUL  
Address: 7531 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: P ( ) Delete  
Name: STANAKIS, MARC  
Address: 7531 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: S/D ( ) Delete  
Name: MOYA, JOSE T  
Address: 7531 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: V/C ( ) Delete  
Name: ROBINSON, SYLVESTER  
Address: 7531 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: ALEXANDER, SCOTT  
Address: 7531 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC C STANAKIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

03/16/2006

\_\_\_\_\_  
Date