

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000111526**

1. Entity Name  
**GREAT JOBS, INC.**



Principal Place of Business  
**1429 SPRUCE ROAD SOUTH  
 LAKELAND, FL 33809**

Mailing Address  
**1429 SPRUCE ROAD SOUTH  
 LAKELAND, FL 33809**



04202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **02-0728897** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SALMONS, GEORGIA  
 1429 SPRUCE ROAD SOUTH  
 LAKELAND, FL 33809**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000910618  
 05/07/08-80007-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPST  
 SALMONS, GEORGIA  
 1429 SPRUCE ROAD SOUTH  
 LAKELAND, FL 33809**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DV  
 SALMONS, RANDY  
 1429 SPRUCE ROAD SOUTH  
 LAKELAND, FL 33809**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:**

*Georgia Salmons*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-20-08*  
 Date

Daytime Phone # \_\_\_\_\_