

2005 FOR PROFIT CORPORATION ANNUAL REPORT


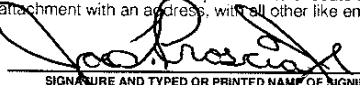
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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90178 006 ***150.00

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04202005 Chg-P CR2E034 (10/03)

DOCUMENT # 361997			
1. Entity Name ODD JOBS INCORPORATED			
Principal Place of Business 125 VIRGINIA FORT WALTON BEACH, FL 32548 US		Mailing Address P.O. BOX 4187 FT. WALTON BEACH, FL 32549	
2. Principal Place of Business 715 D Greenwood St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. WALTON BEACH FL		City & State	
Zip 32547	Country USA	Zip	Country
4. FEI Number 59-1288438		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROSCIA, SR J L 9891 MARY ANNE DRIVE NAVARRE, FL 32566		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVSD PROSCIA, JOSEPH L SR 9891 MARY ANNE DR NAVARRE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PROSCIA, JOSEPH L JR 125 VIRGINIA FT WALTON BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Joseph L. Proscia Jr 4-21-05 850-5856222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	