

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 031 ***150.00

DOCUMENT # 361997

1. Entity Name
ODD JOBS INCORPORATED



Principal Place of Business
**715 D GREENWOOD STREET
FORT WALTON BEACH, FL 32547 US**

Mailing Address
**P O BOX 4187
FORT WALTON BEACH, FL 32549 US**

60001944



01092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1288438

Applied For
☐ Not Applicable

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **Joseph L. Proscia Jr**
Street Address (P.O. Box Number is Not Acceptable)
715 D Greenwood Street
City **Fort Walton Beach** FL Zip Code **32547**

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 **Joseph L. Proscia Jr**
Signature, typed or printed name of registered agent and title if applicable.

(NONE Registered Agent signature required when reinstating)

DATE

1-10-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PVSD** ☒ Delete
NAME **PROSCIA, JOSEPH L SR**
STREET ADDRESS **9891 MARY ANNE DR**
CITY-ST-ZIP **NAVARRE, FL**

TITLE **T** ☐ Delete
NAME **PROSCIA, JOSEPH L JR**
STREET ADDRESS **715D GREENWOOD STREET**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph L. Proscia Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07 850-862-7831
Date Daytime Phone #