

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90092 004 ***150.00

DOCUMENT # F06000004238

1. Entity Name
JOBSERVE USA LIMITED, CO.



Principal Place of Business
**27600 CHAGRIN BLVD STE 300
WOODMERE, OH 44122**

Mailing Address
**27600 CHAGRIN BLVD STE 300
WOODMERE, OH 44122**

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

23245 Mercantile Rd.

Suite, Apt. #, etc.

3. Mailing Address

23245 Mercantile Rd.

Suite, Apt. #, etc.



01252007

Chg-P

CR2E034 (12/06)

City & State

Beachwood, Ohio

City & State

Beachwood, Ohio

4. FEI Number

98-0498616

Applied For

Not Applicable

Zip

44122

Country

USA

Zip

44122

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

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, 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 **D** ☐ Delete
NAME **COWLING, JOHN M**
STREET ADDRESS **TOWER BUSINESS PK KELVEDON RD**
CITY-ST-ZIP **TOPTREE ESSEX, COS 9LX,**

TITLE **D** ☐ Delete
NAME **COWLING, ROBERT A**
STREET ADDRESS **TOWER BUSINESS PK KELVEDON RD**
CITY-ST-ZIP **TOPTREE ESSEX, COS 9LX,**

TITLE **P** ☐ Delete
NAME **TUTTLE, PETER**
STREET ADDRESS **27600 CHAGRIN BLVD STE 300**
CITY-ST-ZIP **WOODMERE, OH 44122**

TITLE **S** ☒ Delete
NAME **DONOVAN, CLARE L**
STREET ADDRESS **TOWER BUSINESS PK KELVEDON RD**
CITY-ST-ZIP **TOPTREE ESSEX, COS 9LX,**

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 ☒ Change ☐ Addition
NAME **D/S Cowling, Robert A.**
STREET ADDRESS **Tower Business PK Kelvedon Rd.**
CITY-ST-ZIP **TopTree Essex, COS 9LX**

TITLE ☒ Change ☐ Addition
NAME **P Tuttle, Peter**
STREET ADDRESS **23245 Mercantile Rd.**
CITY-ST-ZIP **Beachwood, OH 44122**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P. Tuttle **Peter D Tuttle**

1/30/2007

216 995-1632