2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021215

1. Entity Name
SECOND JOB, LLC

Principal Place of Business	Mailing Address
830 DEEP LAGOON WAY FORT MYERS, FL 33919 US	830 DEEP LAGOON WAY FORT MYERS, FL 33919 US

03082005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3049716
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HIENTZ, RANDY
21608 BELHAVEN WAY
ESTERO, FL 33928

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEINTZ, RANDY
STREET ADDRESS	21608 BELHAVEN WAY
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	MGRM
NAME	HEINTZ, LAURIE
STREET ADDRESS	21608 BELHAVEN WAY
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	MGRM
NAME	NIPPER, DAVID E
STREET ADDRESS	830 DEEP LAGOON LANE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	NIPPER, BETTY J
STREET ADDRESS	830 DEEP LAGOON LANE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/05-80037-013 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Randy J. Heintz Managing Member 3/15/05 239-462-3105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #