2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State
03-17-2005 90138 015 ****50.00

20022036

02132005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000061159

1. Entity Name
JOBSINANYTHING.COM, LLC

Principal Place of Business	Mailing Address
18026 VILLA CREEK DR. TAMPA, FL 33647	2141 N. UNIVERSITY DRIVE #278 CORAL SPRINGS, FL 33071

2. Principal Place of Business	3. Mailing Address
9167 RAMBLEWOOD DR	
Suite, Apt. #, etc. #437	Suite, Apt. #, etc.
City & State CORAL SPRINGS FL	City & State
Zip FL 33071 Country USA	Zip Country

4. FEI Number 26-0094299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERBES, KIRSTEN
18026 VILLA CREEK DR.
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name Herbes, Kirsten
Street Address (P.O. Box Number is Not Acceptable) 9167 RAMBLEWOOD DR #437
City CORAL SPRINGS FL Zip Code 33071

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] February 14, 2005
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	Mgr	☑ Change ☐ Addition
NAME	HERBES, KIRSTEN		Kirsten Herbes	
STREET ADDRESS	18026 VILLA CREEK DR.		9167 Ramblewood Dr. # 437	
CITY-ST-ZIP	TAMPA, FL 33647		Coral Springs, FL 33071	
TITLE	MGRM	☐ Delete	Mgrm	☑ Change ☐ Addition
NAME	SCREEN, CHRIS		Christian Screen	
STREET ADDRESS	18026 VILLA CREEK DR.		9167 Ramblewood Dr. #437	
CITY-ST-ZIP	TAMPA, FL 33647		Coral Springs, FL 33071	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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: [signature] 2/14/05 954-323-8589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #