


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90076 014 ***150.00

DOCUMENT # P00000053823 1. Entity Name NATIONAL INSURANCE JOBS.COM, INC.			
Principal Place of Business 25 SECOND STREET NORTH #210 ST. PETERSBURG, FL 33701		Mailing Address 25 SECOND STREET NORTH #210 ST. PETERSBURG, FL 33701	
2. Principal Place of Business 475 CENTRAL AVENUE Suite, Apt. #, etc. STE 403		3. Mailing Address 475 CENTRAL AVENUE Suite, Apt. #, etc. STE 403	
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL	
Zip 33701		Zip 33701	
Country 		Country 	
4. FEI Number 59-3654466		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 ANTONEWITZ, ANTHONY 1400 75TH CIRCLE NE SAINT PETERSBURG, FL 33702		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 D <input type="checkbox"/> Delete NAME RAMIREZ, MARILYN STREET ADDRESS 1311 S.W. 20TH AVENUE CITY-ST-ZIP BOCA RATON, FL 33486	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME ANTONEWITZ, ANTHONY STREET ADDRESS 1400 75TH CIRCLE N.E. CITY-ST-ZIP ST. PETERSBURG, FL 33702	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Anthony Antonewitz</u> ANTHONY ANTONEWITZ Date <u>4/22/05</u> 727-571-1010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			