


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90260 048 ***150.00

DOCUMENT # P01000026993 1. Entity Name JOBECOS DEVELOPMENT VII, INC.					
Principal Place of Business 1070 DELACROIX CIRCLE NOKOMIS FL 34275				Mailing Address 1070 DELACROIX CIRCLE NOKOMIS FL 34275	
2. Principal Place of Business 722 Shamrock Blvd VENICE, FL		3. Mailing Address 722 Shamrock Blvd Venice, FL			
Suite, Apt. #, etc. VENICE, FL		Suite, Apt. #, etc. Venice, FL			
City & State 34293		City & State 34293			
Zip 34293		Country 		4. FEI Number 65-1097600	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDER, WILLIAM M 200 SOUTH ORANGE AVENUE SARASOTA FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 CONNELLY, JAMES A. STREET ADDRESS 1070 DELACROIX CIRCLE CITY-ST-ZIP NOKOMIS FL 34275			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CONNELLY, JAMES A STREET ADDRESS 722 Shamrock Blvd. CITY-ST-ZIP VENICE, FL 34293		
TITLE D <input type="checkbox"/> Delete NAME BEACOM, ROGER STREET ADDRESS 241 SORRENTO RANCH DRIVE CITY-ST-ZIP NOKOMIS FL 34275			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Beacom, Roger STREET ADDRESS 722 Shamrock Blvd CITY-ST-ZIP Venice, FL 34293		
TITLE D <input type="checkbox"/> Delete NAME JOELSON, RAY R STREET ADDRESS 638 BIND BAY DRIVE EAST, #212 CITY-ST-ZIP VENICE FL 34292			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		
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		
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		
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>JAMES A. CONNELLY</u> 2/28/05 941-497-2353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					