


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

City & State: 34293
 Zip: Country



1st MOORE CR2E034 (10/04)

4. FEI Number: 65-1097600
 Applied For: Not Applicable

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

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: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: CONNELLY, JAMES A. STREET ADDRESS: 1070 DELACROIX CIRCLE CITY-ST-ZIP: NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE: D NAME: BEACOM, ROGER STREET ADDRESS: 241 SORRENTO RANCH DRIVE CITY-ST-ZIP: NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE: D NAME: JOELSON, RAY R STREET ADDRESS: 638 BIND BAY DRIVE EAST, #212 CITY-ST-ZIP: VENICE FL 34292	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: Connelly, JAMES A STREET ADDRESS: 722 Shamrock Blvd. CITY-ST-ZIP: Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Beacom, Roger STREET ADDRESS: 722 Shamrock Blvd CITY-ST-ZIP: Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James A. Connelly 2/28/05 941-497-2353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #