


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-28-2005 90172 015 ***150.00

DOCUMENT # P03000025737			
1. Entity Name HJOB, INC.			
Principal Place of Business 1001 E. ATLANTIC AVE SUITE 202 DELRAY BEACH, FL 33483		Mailing Address 1001 E. ATLANTIC AVE SUITE 202 DELRAY BEACH, FL 33483	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
G.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	D WALSH, MARK 1001 E. ATLANTIC AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Mark Walsh</u>		Date: <u>2/24/05</u> Daytime Phone: <u>(561) 299-9900</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66013000



01062005 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 71-0936530

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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