

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P03000069030

1. Entity Name
ODDJOBBER INC.



Principal Place of Business

**521 PINELLAS BAYWAY
S #307
ST. PETERSBURG, FL 33715**

Mailing Address

**521 PINELLAS BAYWAY
S #307
ST. PETERSBURG, FL 33715**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number

51-0473281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FETZER, DONALD L
521 PINELLAS BAYWAY
S #307
ST. PETERSBURG, FL 33715**

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000855396
03/27/08-80046-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FETZER, DONALD L
521 PINELLAS BAYWAY #307
SAINT PETERSBURG, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **DONALD L. FETZER President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-08