2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #

FILED ANNUAL REPORT (AR) Mar 04, 2005 08:00 AM DOCUMENT # P03000137599 **Secretary of State** 1. Entity Name SMALL JOBS ONLY, INC. Principal Place of Business Mailing Address 84 DOLPHIN DR ST AUGUSTINE FL 32084 84 DOLPHIN DR SAINT AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 43-2034580 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IAQUINTO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 84 DOLPHIN DR ST AUGUSTINE FL 32084 Zip Code 3. 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE ☐ Delete THE ☐ Change Addition IAQUINTO, ANTHONY NAME NAME STREET ADDRESS 84 DOLPHIN DR STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 32084 CITY-ST-ZIP Delete TITLE THILE ☐ Change ☐ Addition 03/04/05-80037-020 150.80 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ШЕ ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P TITLE ☐ Delete 1010.6 Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST ZIF Delete Addition TITLE Change NAME MANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP THILE Delete 11111 Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.