2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # P03000137599 1. Entity Name SMALL JOBS ONLY, INC. Mailing Address Principal Place of Business 84 DOLPHIN DR 84 DOLPHIN DR ST AUGUSTINE FL 32084 SAINT AUGUSTINE FL 32080 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 43-2034580 Not Applicable Z_{ip} Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 32080 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name IAQUINTO, ANTHONY 84 DOLPHIN DR Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084 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 primed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition ☐ Delete 33 B.E THILE NAME IAQUINTO, ANTHONY NAME STREET ADDRESS | 84 DOLPHIN DR STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ST AUGUSTINE FL 32084 150,00 Delete TATLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$7-21P A. Lander Change ☐ Dalate TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP A KILE Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Market 1 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Delete. DHE TITLE NAME MAME STREET ADDRESS STREET AUDRESS CITY-ST-ZTP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 afficer 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.

FILED

01-31-06

Feb 03, 2006 08:00 AM