

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 035 ***150.00

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1. Entity Name
ARTICA JOBWIRE SERVICE, INC



Principal Place of Business
**5240 E. COLONIAL DR
STE F
ORLANDO, FL 32807**

Mailing Address
**P.O. BOX 570736
ORLANDO, FL 32857**

30048967



04262006 Chg-P CR2E034 (10/03)

4. FEI Number
20-1229472 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MESA, AL
5240 E. COLONIAL DR
SUITE F
ORLANDO, FL 32807**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P/D	☐ Delete
NAME	ARTICA, JOSE A	
STREET ADDRESS	307 PALM VIEW COURT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	V/D	☒ Delete
NAME	ARTICA, JOSE DE LA CRUZ	
STREET ADDRESS	169 DAHLIA VILLAGE CR	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	S/D	☒ Delete
NAME	ARTICA, ROGER H	
STREET ADDRESS	6460 CURRY FORD RD APT J101	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Residence Phone #

821/284-7749