2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# P05000117065

Entity Name: JOB OPPS, INC.

Current Principal Place of Business:

2701 NE 10TH STREET #103
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5255
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-3878167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBONEY, H S III
2701 NE 10TH STREET #103
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIBBONEY, H S III
Address: 2701 NE 10TH STREET #103
City-St-Zip: OCALA, FL 34470

Title: VPD ( ) Delete
Name: VANDEVEN, HARVEY
Address: 4260 NE 35TH STREET
City-St-Zip: OCALA, FL 34479

Title: SD ( ) Delete
Name: GAMBLE, JERONE
Address: PO BOX 1388
City-St-Zip: OCALA, FL 34478

Title: TD ( ) Delete
Name: GONZALEZ, LOLA M
Address: 108 N MAGNOLIA AVE, STE 202
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. S. GIBBONEY, III PD 02/19/2007

Electronic Signature of Signing Officer or Director — Date