

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90260 050 ***150.00

DOCUMENT # P97000023101

1. Entity Name

JOBECOS DEVELOPMENT III, INC.



Principal Place of Business

**1070 DELACROIX CIR
NOKOMIS FL 34275**

Mailing Address

**1070 DELACROIX CIR
POST OFFICE BOX 2048
NOKOMIS FL 34275**

2. Principal Place of Business

722 Shamrock Blvd

Suite, Apt. #, etc.

Venice, FL

City & State

34293

Zip

Country

3. Mailing Address

722 Shamrock Blvd

Suite, Apt. #, etc.

Venice, FL

City & State

34293

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0756963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONNELLY, JAMES A
1070 DELACROIX CIR
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

Connelly, James A.

Street Address (P.O. Box Number is Not Acceptable)

722 Shamrock Blvd

Venice, FL

City

FL

34293

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D CONNELLY, JAMES A**
STREET ADDRESS **1070 DELACROIX CIRCLE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete
NAME **D BEACOM, ROGER**
STREET ADDRESS **241 SORRENTO RANCH DRIVE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete
NAME **D JOELSON, RAY R**
STREET ADDRESS **638 BIRD BAY DR E #212**
CITY-ST-ZIP **VENICE FL 34292**

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 **D Connolly, James A.**
STREET ADDRESS **722 Shamrock Blvd**
CITY-ST-ZIP **Venice, FL 34293**

TITLE ☒ Change ☐ Addition
NAME **D Beacom, Roger**
STREET ADDRESS **722 Shamrock Blvd**
CITY-ST-ZIP **Venice, FL 34293**

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

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

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:

JAMES A. CONNELLY

2/28/05

941-497-2353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #