


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-07-2005 90260 049 ***150.00

| | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000023102 |  |
| 1. Entity Name JOBECOS DEVELOPMENT IV, INC. | |

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|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business 1070 DELECROIX NOKOMIS FL 34275 | Mailing Address 1070 DELECROIX NOKOMIS FL 34275 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

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|------------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business 722 Shamrock Blvd | 3. Mailing Address 722 Shamrock Blvd |
| Suite, Apt. #, etc. Venice, FL | Suite, Apt. #, etc. Venice, FL |
| City & State 34293 | City & State 34293 |
| Zip | Country |



1st MOORE CR2E034 (10/04)

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0753319 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 34293 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONNELLY, JAMES A 1070 DELACROIX CIRCLE NOKOMIS FL 34275 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Connelly, James A 722 Shamrock Blvd Venice, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEACOM, ROGER 241 SORRENTO RANCH DRIVE NOKOMIS FL 34275 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Beacom, Roger 722 Shamrock Blvd Venice, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOELSON, RAY R 638 BIND BAY DR E # 212 VENICE FL 34292 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 #