2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P99000048142

Entity Name: JOB PERFORMANCE ASSOCIATES, INC.

Current Principal Place of Business:

8340 CHASON ROAD EAST
JACKSONVILLE, FL 322445444

New Principal Place of Business:

8340 CHASON ROAD EAST
JACKSONVILLE, FL 322445444 US

Current Mailing Address:

P.O. BOX 440564
JACKSONVILLE, FL 32222

New Mailing Address:

P.O. BOX 440564
JACKSONVILLE, FL 32222 US

FEI Number: 59-3320121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATERS, MATTHEW J
8340 CHASON ROAD EAST
JACKSONVILLE, FL 322445444 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: DPT ( ) Delete
Name: WATERS, MATTHEW J
Address: 8340 CHASON ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32244

Title: DVPS ( ) Delete
Name: WATERS, WENDY L
Address: 8340 CHASON RD E
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: WENDY L WATERS DVPS 01/05/2004

Electronic Signature of Signing Officer or Director — Date