

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048142

FILED
Apr 09, 2007
Secretary of State

Entity Name: JOB PERFORMANCE ASSOCIATES, INC.

Current Principal Place of Business:

2684 GLENHAVEN DRIVE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

3750 SILVER BLUFF BLVD
UNIT 2904
ORANGE PARK, FL 32065 US

Current Mailing Address:

P.O. BOX 440564
JACKSONVILLE, FL 32222 US

New Mailing Address:

3750 SILVER BLUFF BLVD
UNIT 2904
ORANGE PARK, FL 32065 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
2684 GLENHAVEN DRIVE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

WATERS, MATTHEW J
3750 SILVER BLUFF BLVD
ORANGE PARK, FL 32065 US

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: MATTHEW J WATERS

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WATERS, MATTHEW J
Address: 2684 GLENHAVEN DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: DVPS () Delete
Name: WATERS, WENDY L
Address: 2684 GLENHAVEN DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: DVPS () Delete
Name: LEIGH, MICHAEL A
Address: 2684 GLENHAVEN DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WATERS, MATTHEW J
Address: 3750 SILVER BLUFF BLVD, UNIT 2904
City-St-Zip: ORANGE PARK, FL 32065 US

Title: DVPS (X) Change () Addition
Name: WATERS, WENDY L
Address: 3750 SILVER BLUFF BLVD, UNIT 2904
City-St-Zip: ORANGE PARK, FL 32065 US

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: WENDY L WATERS

DVPS

04/09/2007

Electronic Signature of Signing Officer or Director

Date