

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048142

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: JOB PERFORMANCE ASSOCIATES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

476 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32202 US

## Current Mailing Address:

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

## New Mailing Address:

476 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32202 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  
3750 SILVER BLUFF BLVD  
ORANGE PARK, FL 32065 US

## Name and Address of New Registered Agent:

WATERS, WENDY L  
476 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32202 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: WENDY L WATERS

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: DVPS ( ) Delete  
Name: WATERS, WENDY L  
Address: 3750 SILVER BLUFF BLVD, UNIT 2904  
City-St-Zip: ORANGE PARK, FL 32065 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, WENDY L  
Address: 476 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DVPS (X) Change ( ) Addition  
Name: WATERS, MATTHEW J  
Address: 476 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DVPS (X) Change ( ) Addition  
Name: LEIGH, MICHAEL A  
Address: 476 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify 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

DPT

03/03/2009

Electronic Signature of Signing Officer or Director

Date