

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048142

FILED
Apr 05, 2011
Secretary of State

Entity Name: JOB PERFORMANCE ASSOCIATES, INC.

Current Principal Place of Business:

14689 DIAMOND RANCH DRIVE
JACKSONVILLE, FL 32234 US

New Principal Place of Business:

13325 SKYMASTER RD
JACKSONVILLE, FL 32221 US

Current Mailing Address:

14689 DIAMOND RANCH DRIVE
JACKSONVILLE, FL 32234 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WATERS, WENDY L
14689 DIAMOND RANCH DRIVE
JACKSONVILLE, FL 32234 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: WATERS, WENDY L
Address: 14689 DIAMOND RANCH DRIVE
City-St-Zip: JACKSONVILLE, FL 32234 US

Title: DVPS
Name: WATERS, MATTHEW J
Address: 14689 DIAMOND RANCH DRIVE
City-St-Zip: JACKSONVILLE, FL 32234 US

Title: DVPS
Name: LEIGH, MICHAEL A
Address: 625 OAKLEAF PLANTATION DRIVE, UNIT 311
City-St-Zip: ORANGE PARK, FL 32065 US

I hereby 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 all other like empowered.

SIGNATURE: WENDY L WATERS

DPT

04/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date