


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000096446 1. Entity Name JOB SITE SERVICES, INC.	
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Principal Place of Business 425 SOUTH CROFT AVE. INVERNESS, FL 34453	Mailing Address 425 SOUTH CROFT AVE. INVERNESS, FL 34453
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

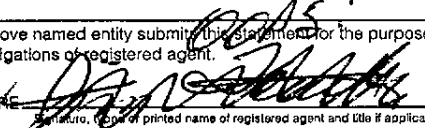
4. FEI Number 59-3607172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, LEWIS
4850 NORTH HWY., 19A
MT. DORA, FL 32757

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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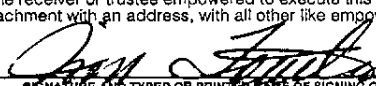
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FOWLER, JAMES D 11060 SO. PLEASANT GROVE RD. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FOWLER, BETTY J 11060 SO. PLEASANT GROVE RD., INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000216321
02/05/05-80045-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 2/1/05 DAYTIME PHONE: 352 341-0500