


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # S98482 1. Entity Name FLORIDA JOB MARKET, INC.	
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Principal Place of Business 3525 W. LAKE MARY BLVD SUITE 306 LAKE MARY, FL 32746 US	Mailing Address 3525 W. LAKE MARY BLVD SUITE 306 LAKE MARY, FL 32746 US
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DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3103952	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

HARKINS, C. WILLIAM
3525 W. LAKE MARY BLVD
SUITE 306
LAKE MARY, FL 32746

**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 reissuing) 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	U000000327438 04/25/05-80036-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D HARKINS, C. WILLIAM 3525 W LAKE MARY BLVD # 306 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY ST ZIP	D HARKINS, SUSAN L. 3525 W LAKE MARY BLVD # 306 LAKE MARY, FL 32746
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/25/05 Daytime Phone: _____