2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96240

FILED Mar 23, 2004 Secretary of State

Entity Name: J.D.C. DEVELOPMENT SERVICES, INC.

urrent Pi	rincipal Place o	of Business:	New Principal Pla	ace of Business:
	OREST HILL BI	LVD		
503 VELLING 1	TON, FL 33414	US		
urrent M	ailing Address	:	New Mailing Add	ress:
2777 W F 503	OREST HILL BI	LVD		
	TON, FL 33414	US		
El Number:	65-0005333	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of Cu	rrent Registered Agent:	Name and Addres	ss of New Registered Agent:
UITE 150	FOREST HILL B			
	named antity of	bmits this statement for the p	urnose of changing its regist	arad affica ar registered agent or both
	of Florida.	ionnico ano otatoment for the p	dipose of changing its regist	ered office of registered agent, of both,
the State	e of Florida.	and statement for the p	dipose of changing its regist	ered office of registered agent, or both,
the State	e of Florida. RE:	s Signature of Registered Age		Date
the State GNATUF	e of Florida. RE: Electronic	·		
the State	e of Florida. RE: Electronic	c Signature of Registered Age Trust Fund Contribution ().	ent	
the State IGNATUF ection Can FFICERS tle: ame: ddress:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT DCPT () E NIESMAN, JOHN	c Signature of Registered Age Trust Fund Contribution (). ORS: Delete E DCPT ST HILL BLVD., SUITE 1503	ent	Date
the State	e of Florida. RE: Electronic mpaign Financing B AND DIRECT DCPT () E NIESMAN, JOHN 12777 W. FORES WELLINGTON, F V () E CASLER, JACK F	C Signature of Registered Age Trust Fund Contribution (). ORS: Delete E DCPT ST HILL BLVD., SUITE 1503 L 33414 US Delete H V ST HILL BLVD., SUITE 1503	ADDITIONS/CHAI Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR
the State IGNATUR ection Can FFICERS tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	E of Florida. RE: Electronic Inpaign Financing S AND DIRECT DCPT ()E NIESMAN, JOHN 12777 W. FORES WELLINGTON, F V ()E CASLER, JACK H 12777 W. FORES WELLINGTON, F V ()E PHILLIPS, DAVID	C Signature of Registered Age Trust Fund Contribution (). ORS: Delete E DCPT ST HILL BLVD., SUITE 1503 L 33414 US Delete HV ST HILL BLVD., SUITE 1503 L 33414 US Delete D M V ST HILL BLVD. SUITE 1503	ADDITIONS/CHAI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E. NIESMAN DCPT 03/23/2004