2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 239777

Entity Name: J & S DEVELOPMENT COMPANY

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18014 CRAWLEY RD 14602 BOURNEMOUTH RD ODESSA, FL 33556

TAMPA, FL 33626

Current Mailing Address: New Mailing Address:

18014 CRAWLEY RD 14626 BOURNEMOUTH RD

ODESSA, FL 33556 TAMPA, FL 33626

FEI Number: 59-0907046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JOSEPH S. POTTS, JR. JOSEPH S. POTTS, JR 18014 CRAWLEY RD 14602 BOURNEMOUTH RD ODESSA, FL 33556 TAMPA, FL 33626

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: JOESPH S POTTS JR 01/24/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

POTTS, S L, Name: Name: POTTS, S L,

18014 CRAWLEY RD 14602 BOURNEMOUTH RD Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: TAMPA, FL 33626

Title: PD Title: PD () Delete (X) Change () Addition POTTS, J S, JR, POTTS, J S, JR, Name: Name:

18014 CRAWLEY RD 14602 BOURNEMOUTH RD Address: Address: ODESSA, FL 33556 City-St-Zip: TAMPA, FL 33626 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

POTTS, MARGARET S, Name: Name: 18014 CRAWLEY RD Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH S POTTS JR PD 01/24/2006