# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT #303876**

1. Entity Name

J. B. DEVELOPMENT CORP.



FILED Feb 08, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

10400 GRIFFIN ROAD

SUITE 210 COOPER CITY, FL 33328 U P.O. BOX 290307 DAVIF, FL 33329

US



## DO NOT WRITE IN THIS SPACE

01092007 No Chg-P

CR2E034 (11/05)

FEI Number
59-1145854

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, ROBERT 10400 GRIFFIN RD #210 COOPER CITY, FL 33328

# 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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating

DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000627337 02/15/07-80055-019 150.00

10. OFFICERS AND DIRECTORS TITLE WILLIAMSON, ROBERT NAME STREET ADDRESS 10400 GRIFFIN RD #210 CITY-ST-ZIP COOPER CITY, FL 00000, TITLE MORSTADT, EDWARD G. NAME STREET ADDRESS 97 WEST PALMETTO ROAD CITY-ST-ZIP LAKE WORTH, FL 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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 MASE OF SIGNING OFFICER OR DIRECTOR

2/1/07

914-434-7925

Daytime Phone #