

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90037 019 ***150.00

DOCUMENT # G60697

1. Entity Name
J T L DEVELOPMENT CORP.



Principal Place of Business
10913 AUTUMN OAK PL
TAMPA, FL 33624 US

Mailing Address
10913 AUTUMN OAK PL
TAMPA, FL 33624 US

50004082



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2321262

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

VIERA, JUAN A
9205 KINGSRIDGE DR
TEMPLE TERRACE, FL 33637

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VIERA, JUAN A.
STREET ADDRESS 9205 KINGSRIDGE DR.
CITY-ST-ZIP TEMPLE TERRACE, FL

TITLE SD
NAME FERNANDEZ, ROSENDO
STREET ADDRESS 10913 AUTUMN OAK ST.
CITY-ST-ZIP TAMPA, FL

TITLE VD
NAME ABUT, JOSE
STREET ADDRESS 2210 SW 26TH ST.
CITY-ST-ZIP MIAMI, FL

TITLE TD
NAME VIERA, MARIA E.
STREET ADDRESS 9205 KINGSRIDGE DR.
CITY-ST-ZIP TEMPLE TERRACE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Rosendo Fernandez

1/17/05

Date

Daytime Phone #

813 963-6929