2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08353

Title:

Name:

Address:

City-St-Zip:

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KING, SUSAN A

1993 COLINA CT

ATLANTIC BEACH, FL

THE DEVELOPMENT GROUP, INC.

FILED Apr 20, 2004 Secretary of State

Entity Nan	1e: THE DEVE	ELOPMENT GROUP, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1301 RIVERPLACE BLVD. SUITE 1830 JACKSONVILLE, FL 322078295				7645 GATE PARKWAY SUITE 202 JACKSONVILLE, FL 32256			
Current Mailing Address:				New Mailing Address:			
1301 RIVERPLACE BLVD. SUITE 1830 JACKSONVILLE, FL 322078295				7645 GATE PARKWAY SUITE 202. JACKSONVILLE, FL 32256			
FEI Number:	59-2418294	FEI Number Applied For ()	FEI Numbe	r Not Appli	cable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JACKSON\	DENTIAL DR S' VILLE, FL 3220 named entity si		urpose of ch	nanging its	s registere	ed office or registered	agent, or both,
SIGNATUR	:E:						
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DC () I THORNTON, J P 6914 ALMOURS JACKSONVILLE		Ade	le: me: dress: y-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () I JACQUOT, JERF 1311 GOSVERO JACKSONVILLE,	R SQUARE	Ade	le: me: dress: y-St-Zip:		(X) Change () Addition JERRY W SVENOR SQUARE /ILLE, FL 32207	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN A. KING V.P. 04/20/2004

() Change () Addition