


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90045 028 ***150.00

DOCUMENT # H42006 1. Entity Name J-4 DEVELOPMENT, INC.			
Principal Place of Business % MICHAEL J. JOHNSON 1030 UNDERWOOD DRIVE PENSACOLA FL 32504		Mailing Address % MICHAEL J. JOHNSON 1030 UNDERWOOD DRIVE PENSACOLA FL 32504	
2. Principal Place of Business % Michael L. Johnson Suite, Apt. #, etc. P.O. Box 5 City & State Pensacola, FL Zip 32591 Country USA		3. Mailing Address % Michael L. Johnson Suite, Apt. #, etc. P.O. Box 5 City & State Pensacola, FL Zip 32591 Country USA	
4. FEI Number 59-2696267		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, MICHAEL J. 1030 UNDERWOOD DRIVE PENSACOLA FL 32504		7. Name and Address of New Registered Agent Name Johnson, Michael L. Street Address (P.O. Box Number is Not Acceptable) 2311 Glamis City Pensacola FL Zip Code 32503	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MICHAEL L. 1030 UNDERWOOD AVE. PENSACOLA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Michael L. 2311 Glamis Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENNINGS, SCOTT A. PO BOX 13545 PENSACOLA FL 32591	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/05