2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # H42006 1. Entity Name 03-15-2005 90045 028 ***150.00 J-4 DEVELOPMENT, INC. Principal Place of Business Mailing Address % MICHAEL J. JOHNSON 1030 UNDERWOOD DRIVE PENSACOLA FL 32504 % MICHAEL J. JOHNSON 1030 UNDERWOOD DRIVE PENSACOLA FL 32504 00027073 2. Principal Place of Business 3. Mailing Address Ichael L. Johnson Michael L. Johnson 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 59-2696267 Not Applicable \$8.75 Additional USA USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, MICHAEL J. 1030 UNDERWOOD DRIVE PENSACOLA FL 32504 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TITLE **⊠** Change ☐ Addition Tohnson, Michael L. JOHNSON, MICHAEL L. NAME NAME 1030 UNDERWOOD AVE. a311 Glamis STREET ADDRESS STREET ADDRESS ensavola, FL 32503 CITY-ST-ZIP PENSACOLA FL CITY-ST-7kP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JENNINGS, SCOTT A. NAME STREET ADDRESS PO BOX 13545 STREET ADDRESS PENSACOLA FL 32591 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 with all other like empowered 3/4/05

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #