


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # J52412 1. Entity Name FIRST DEVELOPMENT CORP. OF JACKSONVILLE	
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Principal Place of Business 225 NORTHEAST MIZNER BOULEVARD SUITE 780 BOCA RATON, FL 33432 US	Mailing Address 225 NORTHEAST MIZNER BOULEVARD SUITE 780 BOCA RATON, FL 33432 US
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02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2807637	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY H BECK TRUSTEE FOR SE BANKING CORP
225 NORTHEAST MIZNER BOULEVARD
SUITE 780
BOCA RATON, FL 33432

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BECK, JEFFREY H 225 NORTHEAST MIZNER BLVD, SUITE 780 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECK, JEFFREY H 225 NORTHEAST MIZNER BLVD, SUITE 780 BOCA RATON, FL 33432
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**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

2/10/04

Date

561-447-8716

Daytime Phone #

V 204