


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90007 045 \*\*\*150.00

**DOCUMENT # J52412**

1. Entity Name  
**FIRST DEVELOPMENT CORP. OF JACKSONVILLE**



Principal Place of Business      Mailing Address

**225 NORTHEAST MIZNER BOULEVARD**      **225 NORTHEAST MIZNER BOULEVARD**  
**SUITE 300**      **SUITE 300**  
**BOCA RATON, FL 33432 US**      **BOCA RATON, FL 33432 US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**595 S. Federal Highway**      **595 S. Federal Highway**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 600**      **SUITE 600**

City & State      City & State

**Boca Raton, FL**      **Boca Raton, FL**

Zip      Country      Zip      Country

**33432**      **USA**      **33432**      **USA**

01282008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**59-2807637**       Not Applicable

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 300**  
**BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**595 S. Federal Highway**

**SUITE 600**

City      State      Zip Code  
**Boca Raton**      **FL**      **33432**

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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BECK, JEFFREY H	
STREET ADDRESS	225 NE MIZNEE BLVD, SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECK, JEFFREY H	
STREET ADDRESS	225 NE MIZNEE BLVD, SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>595 S. Federal Highway, SUITE 600</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>595 S. Federal Highway, SUITE 600</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jeffrey H Beck, Pres.*      Date: *2/4/08*      Daytime Phone #: *561 544 2534*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #