


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90032 002 ***150.00

DOCUMENT # J70191 1. Entity Name J. V. DEVELOPMENT, INC.	
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Principal Place of Business 8436 DANBURY LANE HUDSON, FL 34667-6528	Mailing Address 8436 DANBURY LANE HUDSON, FL 34667-6528
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94031700



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2845100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SALVANO, JOHN 8220 CULLENDALE DR 8436 Danbury Ln. TAMPA, FL 33618-8885 Hudson, FL 34667-6528	
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	PST SALVANO, JOHN 8220 CULLENDALE DR 8436 Danbury Ln. TAMPA, FL Hudson, FL
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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: John Salvano 3-16-04 727-697-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #