2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # L03889 1. Entity Name 03-22-2004 90086 042 ***158.75 J.F.S. DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 5672 STRAND CT 5672 STRAND CT 14000609 SUITE 1 NAPLES FL 34110 NAPLES FL 34110 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0199569 Not Applicable Country Zip Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND CT SUITE 1 NAPLES FL 34110 City Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Defete Change Addition TITLE TITLE NAME HARDY, ROBERT S. NAME Court, some 1 5692 STRAND CT, STE 3 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME KELLY, JANET 5672 STRAND COURT STE 1 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE Change TITLE HARDY, ROBERT PAUL NAME NAME HARDY, ROBERT PAUL strand court, suite 1 STREET ADDRESS STREET ADDRESS 5692 STRAND CT, STE 1 CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR