

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M77587</b> 1. Entity Name <b>J.T.H. DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>5380 NORTH OCEAN DRIVE SUITE 10H RIVIERA BEACH FL 33404-2534</b>			Mailing Address <b>5380 NORTH OCEAN DRIVE SUITE 10H RIVIERA BEACH FL 33404-2534</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>36-3586458</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>DYTRYCH, MARTIN A. 2700 PGA BLVD STE 203 PALM BEACH FL 33410</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYONS, DEBBIE <input type="checkbox"/> Delete 5380 N. OCEAN DR. SINGER ISLAND FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LYONS, V T <input type="checkbox"/> Delete 5380 N OCEAN DR SINGER ISLAND FL 33404				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PETRIDES, DESPIN L <input type="checkbox"/> Delete 5380 N OCEAN DR SINGER ISLAND FL 33404				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETRIDES, MILTON D <input type="checkbox"/> Delete 5380 N. OCEAN DR. SINGER ISLAND FL 33404				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYONS, CHRIS <input type="checkbox"/> Delete 5380 N OCEAN DR #10 H SINGER ISLAND FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000030459 02/04/04-80111-011 150.00				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				



MOORE CR2E034 (11/03)

12. I hereby certify that the information furnished 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

**MILTON D. PETRIDES**

Date

Daytime Phone #

**1/21/04 561-842-9209**