## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007785

Entity Name: JUBILATION DEVELOPMENT CORPORATION

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1170 HARVEST DR. IMMOKALEE, FL 34142				1170 HARVEST DRIVE IMMOKALEE, FL 34142			
Current Mailing Address:				New Mailing Address:			
1170 HARVEST DR. IMMOKALEE, FL 34142				1170 HARVEST DRIVE IMMOKALEE, FL 34142			
FEI Number: 65-1073157 FEI Number Applied For ( ) FEI N			FEI Num	nber Not Applicable ( ) Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NOGAJ, RICHARD J 1170 HARVEST DR. IMMOKALEE, FL 34142 US				NOGAJ, RICHARD J 1170 HARVEST DRIVE IMMOKALEE, FL 34142 US			
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.							
SIGNATURE:				04/11/2005			
	Electronic	Signature of Registered Agen	t			Date	!
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICE	RS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () [ NOGAJ, RICHAR 1170 HARVEST I IMMOKALEE, FL	OR.		Title: Name: Address: City-St-Zip:	PD (X) NOGAJ, RICHA 1170 HARVEST IMMOKALEE, F	DRIVE	ldition
Title: Name: Address: City-St-Zip:	VSTD () [ NOGAJ, FLOREN 1170 HARVEST I IMMOKALEE, FL	OR.		Title: Name: Address: City-St-Zip:	VSTD (X) NOGAJ, FLORE 1170 HARVEST IMMOKALEE, F	DRIVE	ldition
Title: Name: Address: City-St-Zip:	D () [ DE LA ROSA, EL 1170 HARVEST I IMMOKALEE, FL	OR.		Title: Name: Address: City-St-Zip:	D (X) DE LA ROSA, E 1170 HARVEST IMMOKALEE, F	DRIVE	ldition
Title: Name: Address: City-St-Zip:	D ()[ HERNANDEZ, RE 1170 HARVEST I IMMOKALEE, FL	OR.		Title: Name: Address: City-St-Zip:	D (X) HERNANDEZ, F 1170 HARVEST IMMOKALEE, F	DRIVE	ldition
Title: Name: Address: City-St-Zip:	D () I DI GIOVANNI, CH 11220 S HARLEI WORTH, IL 604	M AVE.		Title: Name: Address: City-St-Zip:	()	Change ( ) Ad	dition
Title: Name: Address:	HOLLENBECK, A	Delete NLAN 200 N FRONT ST.		Title: Name: Address:	()	Change ( ) Ad	dition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: FLORENCE A. NOGAJ VSTD 04/11/2005

WHEATON, IL 60189

City-St-Zip: