

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007785

FILED
Mar 06, 2006
Secretary of State

Entity Name: JUBILATION DEVELOPMENT CORPORATION

Current Principal Place of Business:

1170 HARVEST DRIVE
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1170 HARVEST DRIVE
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 65-1073157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOGAJ, RICHARD J
1170 HARVEST DRIVE
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOGAJ, RICHARD J
Address: 1170 HARVEST DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: VSTD () Delete
Name: NOGAJ, FLORENCE A
Address: 1170 HARVEST DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: DE LA ROSA, ELIZABETH
Address: 1170 HARVEST DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: HERNANDEZ, RENE G
Address: 1170 HARVEST DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: D (X) Delete
Name: DI GIOVANNI, CHARLES CPA
Address: 11220 S HARLEM AVE.
City-St-Zip: WORTH, IL 60482

Title: D (X) Delete
Name: HOLLENBECK, ALAN
Address: RJN GRP., INC, 200 N FRONT ST.
City-St-Zip: WHEATON, IL 60189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DIGIOVANNI, CHARLES CPA
Address: 11220 S. HARLEM AVENUE
City-St-Zip: WORTH, IL 60482

Title: D (X) Change () Addition
Name: HOLLENBECK, ALAN J
Address: 200 W. FRONT STREET
City-St-Zip: WHEATON, IL 60187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: FLORENCE A. NOGAJ

VSTD

03/06/2006

Electronic Signature of Signing Officer or Director

Date