


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000082361**  
 1. Entity Name  
**JACKSONVILLE PROPERTIES DEVELOPMENT, INC.**



Principal Place of Business 3712 OBISPO STREET W. TAMPA, FL 33629	Mailing Address 3712 OBISPO STREET W. TAMPA, FL 33629
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04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3663809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NEVIUS, DAVID L  
 3712 OBISPO STREET W.  
 TAMPA, FL 33629

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PO NEVIUS, DAVID L 3712 OBISPO STREET W. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D'AMICO, ANTHONY J 7830 CAPITANO STREET RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'AMICO, CATHLEEN C 7830 CAPITANO STREET RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEVIUS, SUSAN 3712 OBISPO STREET W. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000523446  
 05/03/06-80072-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: *David L. Nevius, Pres.* Date: *4-17-06* Daytime Phone #: *813 839 2474*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR