2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## **DOCUMENT # P00000082361**

1. Entity Name

JACKSONVILLE PROPERTIES DEVELOPMENT, INC.



FILED Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business

3712 OBISPO STREET W. TAMPA, FL 33629 Mailing Address

3712 OBISPO STREET W. TAMPA, FL 33629



04242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3663809

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000734**47**2 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NEVIUS, DAVID L NAME 3712 OBISPO STREET W. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 VD TITLE D'AMICO, ANTHONY J NAME 7830 CAPITANO STREET STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE D'AMICO, CATHLEEN C NAME STREET ADDRESS 7830 CAPITANO STREET CITY-ST-ZIP RIVERVIEW, FL 33569

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 enerties empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

NEVIUS, SUSAN

TAMPA, FL 33629

3712 OBISPO STREET W.

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-24.07

813839 2474

Daytime Phone #