

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115506

Entity Name: JCI DEVELOPMENT, INC.

FILED  
Mar 22, 2005  
Secretary of State

## Current Principal Place of Business:

514 NE 13TH ST  
FT LAUDERDALE, FL 33304

## New Principal Place of Business:

## Current Mailing Address:

514 NE 13TH ST  
FT LAUDERDALE, FL 33304

## New Mailing Address:

FEI Number: 65-1062649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAGLIANONE, DERRICK  
514 NE 13TH ST  
FT LAUDERDALE, FL 33304 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CAGLIANONE, DERRICK  
Address: 514 NE 13 ST  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP ( ) Delete  
Name: OBRIEN, JAMES  
Address: 1004 NORTH 14 STREET #102  
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete  
Name: CAGLIANONE, PAMELA F  
Address: 514 NE 13 ST  
City-St-Zip: FORT LAUDERDALE, FL 33304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: CAGLIANONE, PAMELA F  
Address: 514 NE 13 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33304

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA CAGLIANONE

S

03/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date