


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000015501</b>	
1. Entity Name <b>PROJECT FINANCE &amp; DEVELOPMENT, INC.</b>	

Principal Place of Business <b>1819 GOODWIN STREET JACKSONVILLE, FL 32204</b>	Mailing Address <b>1819 GOODWIN STREET JACKSONVILLE, FL 32204</b>
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>59-3602814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STONEBURNER BERRY & SIMMONS, P.A.  
225 WATER STREET SUITE 2050  
JACKSONVILLE, FL 32202**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, TAYLOR M SR. 1819 GOODWIN STREET JACKSONVILLE, FL 32204
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UNNNND456993  
03/16/06-80051-013 150.00

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 807, 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:  2/24/06 904/368/4148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr