## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000015501

1. Entity Name

PROJECT FINANCE & DEVELOPMENT, INC.



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

Principal Place of Business

1819 GOODWIN STREET JACKSONVILLE, FL 32204

SIGNATURE:

Mailing Address

1819 GOODWIN STREET JACKSONVILLE, FL 32204



02282007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3602814

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

## 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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, TAYLOR M SR. 1819 GOODWIN STREET JACKSONVILLE, FL 32204				U00000678547
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/03/07-80002-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 other like empowered.					

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR