

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91008 021 ***158.75

DOCUMENT # P02000069580

1. Entity Name
JSB DEVELOPMENT, INC.



Principal Place of Business

10009 BOCA CR
NAPLES, FL 34109

Mailing Address

10009 BOCA CR
NAPLES, FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

55-0789824

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PYZKOWSKI, JOSEPH W
1009 BOCA CR
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name PYSZKOWSKI, JOSEPH W.

Street Address (P.O. Box Number is Not Acceptable)

10009 BOCA CIRCLE

City NAPLES

FL

Zip Code 34109

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

LAST NAME & ADDRESS ABOVE WRONG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME JOHNSON, STEVEN M
STREET ADDRESS 780 8TH ST NE
CITY-ST-ZIP NAPLES, FL 34120

☐ Delete

TITLE PDT
NAME PYSKOWSKI, JOSEPH W
STREET ADDRESS 10009 BOCA CIRCLE
CITY-ST-ZIP NAPLES, FL 34109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

239-596-8061

Daytime Phone #