2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P03000028513 1. Entity Name 04-27-2005 90322 012 ***150.00 I.J.N. DEVELOPMENT, INC. Principal Place of Business Mailing Address 2100 TRADE CENTER WAY 2100 TRADE CENTER WAY 14000639 SUITE D SUITE D NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 01052005 Cha-P CR2E034 (10/03) City & State City & State 4. FÉI Number Applied For 56-2327967 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKRIVAN, KENT A 801 LAUREL OAK DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 705** NAPLES, FL 34108 City Zip Code 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 fitte if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition HAME MUSUMANO, PATSY MAME 2100 TRADE CENTER WAY SUITE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition MUSUMANO, DONNA NAME 2100 TRADE CENTER WAY SUITE D STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **✓** Addition leff Musurnmo 2100 trede Ctr Way, Ste D NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME Trade Ctr Way, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiT! F ☐ Delete TITLE Change **Addition** MALIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP 12. Thereby 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 rustee 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 appears, with all other like empowered.

FILED

4/18/05 (239/594-7985