


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000085059		
1. Entity Name JJC DEVELOPMENT, INC.		
Principal Place of Business 1413 S CAYWOOD CIR LEHIGH ACRES, FL 33936	Mailing Address 1413 S CAYWOOD CIR LEHIGH ACRES, FL 33936	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOLDSBERRY, JOHN R 1413 S CAYWOOD CIR LEHIGH ACRES, FL 33936		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSBERRY, JOHN R 1413 S CAYWOOD CIRCLE LEHIGH ACRES, FL 33936	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSBERRY, CLINTON J S WELLINGTON AVE. LEHIGH ACRES, FL 33972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASNICK, JOSEPH 503 JEFFERSON DR. LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: <u>John Goldsberry</u> 1-9-2007 239-470-1397 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0129203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/12/07-80029-014 150.00