## 2096 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2006 08:00 Al Secretary of State

······			
DOC	IMENIT#	P04000094489	9

1. Entity Name

J.B. CHART DEVELOPMENT CO., INC.



Principal Place of Business

Mailing Address

3640 LAKE SHORE DRIVE RIVIERA BEACH, FL 33404

3640 LAKE SHORE DRIVE RIVIERA BEACH, FL 33404



04102008

No Chg-P

CR2E034 (11/05)

4.	FEI Number	Applied For
	89-1109191	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

561-236-0606

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WILLIAMS, ETHEL I ESQ. 2655 NORTH OCEAN DRIVE SUITE 502

SIGNATURE:

## DO NOT WRITE

RIVIERA BEACH, FL 33404			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									
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECT	TORS							
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	D JEWELL, CURTIS 3640 LAKE SHORE DRIVE RIVIERA BEACH, FL 33404		U00000554065 U5/15/06-80077-024 158.75						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFOULIAS, GUS 1 WATERMARK PLACE WEST PALM BEACH, FL 33401								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES, ROBERT T  STADDRESS 3640 LAKE SHORE DRIVE			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 filling 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 attactiment with an address with all effect like empowered.									

FICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING