2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 07, 2007 8:00 am Secretary of State DOCUMENT # P04000111518 1. Entity Namo 03-07-2007 90018 036 ***158.75 SJ&H DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 913 LEE HILL RD MILTON FL 32570 913 LEE HILL RD MILTON FL 32570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, KASEY Street Address (P.O. Box Number is Not Acceptable) 8135 JAIME DR MILTON FL 32583 8. The above its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TUTLE ☐ Delete TITLE Change Addition HILL, STELLA NAME NAME 913 LEE HILL RD STREET ADDRESS STREET ADDRESS MILTON FL 32570 CITY ST-7(P CITY-ST-ZIP CC IIILE ☐ Delete TITLE ☐ Change Addition HILL, JACOB NAME NAME 4715 PARCH RD STREET ADDRESS STREET ADDRESS MILTON FL 32570 CITY - ST - ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition BUDWEG, ROXIE MAME NAME 1113 BRISTOL LANE STREET ADDRESS STREET ADDRESS FARMINGTON MN 55204 CHY ST-ZP CITY-ST-7IP THE ☐ Delele TITLE Change Addition BUCKNER, TAMYKO L NAME NAME 205 LYNBROCK ST STREET ADDRESS STREET ADDRESS HENDERSON NV 89012 CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE □ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attact meny with an address, with all other like empowered.

G OFFICER OR DIRECTOR

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