

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90002 023 ***150.00

DOCUMENT # P04000170833		
1. Entity Name JHW LAND DEVELOPMENT, INC.		

Principal Place of Business 535 CANAL ROAD PONTE VEDRA BEACH, FL 32082	Mailing Address 535 CANAL ROAD PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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WHITE, JOHN H 535 CANAL ROAD PONTE VEDRA BEACH, FL 32082		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOHN H	NAME	
STREET ADDRESS	535 CANAL ROAD	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 H. White</u>	Date: <u>9-1-08</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

40115673



08142008 Chg-P CR2E034 (12/06)

ATTACHMENT

40115673

FL Dept of State
Sec of State
Dir of Corp
PO Box 8750
Tallahassee, FL 32314

Doc# P04000170833

Enclosed find check in
the amount of \$150.00 to
reinstale the corporation.

I did not receive the
other notices and trust
that is reasonable cause
to state the penalty.

I appreciate your consideration

8-8-28
Date

John White
Pres