

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000004722

1. Entity Name

J SQUARE REALTY AND DEVELOPMENT CORP.



Principal Place of Business

405 CENTRAL AVENUE STE 100  
ST. PETERSBURG, FL 33701

Mailing Address

405 CENTRAL AVENUE STE 100  
ST. PETERSBURG, FL 33701

FILED

07 APR 13 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02222007

No Chg-P

CR2E034 (11/05)

07

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2169956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAY  
723 17TH AVENUE N.E.  
ST. PETERSBURG, FL 33704

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JAY 405 CENTRAL AVE STE 100 ST PETERSBURG, FL 33701
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04/19/07--01022--004 \*\*200.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/07 717 820 0111