2008 FOR PROFIT CORPORATION . ANNUAL REPORT

DOCUMENT # P05000059312

Entity Name
 JC PROPERTIES DEVELOPMENT, INC.

Principal Place of Business

10121 LENOX BLVD BROOKSVILLE, FL 34613 Mailing Address

10121 LENOX BLVD BROOKSVILLE, FL 34613

FILED Mar 21, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2724941

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUNDIFF, JUDITH L 10121 LENOX BLVD BROOKSVILLE, FL 34613

DO NOT WRITE

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						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000866300 04/08/08-80020-0	22 150.00
10.	OFFICERS AND DIREC	CTORS			ANN DESTROYANTE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CUNDIFF, JUDITH L 10121 LENOX BLVD BROOKSVILLE, FL 34613					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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						

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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacpment with an address, with all other like empowered.

SIGNATURE: A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X3-19-08

352-6763608

Daylime Phone #