

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096157

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: PJK DEVELOPMENT CORP.

**Current Principal Place of Business:**

10000 GATE PARKWAY NORTH #926  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KENNETH STRAUSS  
515 E LAS OLAS BLVD 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

FEI Number: 20-3617283      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLLER, JERI ESQ.  
6013 NORTHWEST 23RD AVENUE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SESSIONS, PATRICK E  
Address: 10000 GATE PARKWAY NORTH #926  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VPSD ( ) Delete  
Name: SESSIONS, JASON R  
Address: 10000 GATE PARKWAY NORTH #926  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: TD ( ) Delete  
Name: STRAUSS, KENNETH J  
Address: 10000 GATE PARKWAY NORTH #926  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: AS ( ) Delete  
Name: BLONSHINE, CHRISTIAN  
Address: 10000 GATE PARKWAY NORTH #926  
City-St-Zip: JACKSONVILLE, FL 32246 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK SESSIONS

PD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date