

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000089934

1. Entity Name
JSJ DEVELOPMENT COMPANY



Principal Place of Business

6991 N. STATE ROAD 7
2ND FLOOR
PARKLAND, FL 33073

Mailing Address

6991 N. STATE ROAD 7
2ND FLOOR
PARKLAND, FL 33073



05142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5154280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCRENCI, STEPHEN W
6991 N. STATE ROAD 7
2ND FLOOR
PARKLAND, FL 33073

**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 _____ (NOTE: Registered Agent signature required when re-registering)
Signature typed or printed name of registered agent and title if applicable

000000951520

05/04/08-80038-013 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCRENCI, STEPHEN 6991 N. STATE ROAD 7, 2ND FLOOR PARKLAND, FL 33073
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, S ZAPPOLO, JOSEPH 6574 N. STATE ROAD 7, SUITE 160 COCONUT CREEK, FL 33073
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**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 #

4-24-08 954 575 7440