

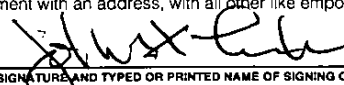


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90017 007 \*\*\*150.00

<b>DOCUMENT # P32132</b> 1. Entity Name <b>W.J. DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>ST AUGUSTINE MARINE 404 SOUTH RIBERIA ST ST AUGUSTINE, FL 32084 US</b>			Mailing Address <b>ST AUGUSTINE MARINE 404 SOUTH RIBERIA ST ST AUGUSTINE, FL 32084 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03222005      Chg-P      CR2E034 (10/03)	
4. FEI Number <b>22-2987487</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>F &amp; L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUHRS, JOHN H. 6729 LINFORD LANE JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUHRS, JOHN H. 404 S. RIBERIA ST. Saint Augustine, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LUHRS, WARREN R. ROUTE 441 ALACHUA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LUHRS, WARREN R. ROUTE 441 ALACHUA, FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DINGLER, BRIAN 255 DIESEL ROAD ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DINGLER, BRIAN 255 Diesel Rd. St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIRES, CHARLES 404 S. RIBERIA ST ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCOMBER, RICARD 54 SHREWSBURY AVE RED BANK, NJ	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DANIEL N. JETT</del> 404 S. RIBERIA ST ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JTS DANIEL N. JETT 404 S. RIBERIA ST St. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(i), 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.					
<b>SIGNATURE:</b>  3123:105      904 821 7894					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

ATTACHMENT

40044494  
# P32132

VP  
William G. Finney, Jr.  
255 Diesel Road  
St. Augustine, FL 32084

☒ Addition