

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90050 021 \*\*\*150.00

**DOCUMENT # P32132**

1. Entity Name  
**W.J. DEVELOPMENT CORPORATION**



Principal Place of Business  
**ST AUGUSTINE MARINE  
404 SOUTH RIBERIA ST  
ST AUGUSTINE, FL 32084 US**

Mailing Address  
**ST AUGUSTINE MARINE  
404 SOUTH RIBERIA ST  
ST AUGUSTINE, FL 32084 US**



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-2987487**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202**

**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 of the person named as the registered agent in the above space

Signature of the registered agent is required when the certificate is filed

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  
**DP  
LUHRS, JOHN H.  
404 S. ROBERTA ST  
SAINT AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**VPD  
LUHRS, WARREN R.  
ROUTE 441  
ALACHUA, FL 32615**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**AS  
DINGLER, BRIAN  
255 DIESEL ROAD  
ST AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**T/S  
JETT, DANIEL N  
4004 S. RIBERIA ST  
ST AUGUSTINE, FL 32084**

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

**Apr 17 2007 904-824-4394**