

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000010278	
1. Entity Name JOHNSON BAY DEVELOPMENT CORPORATION	

Principal Place of Business % NASSIF DEVELOPMENT, L.L.C. 9130 GALLERIA COURT, SUITE 316 NAPLES, FL 34109 US	Mailing Address % DAVID NASSIF COMPANY 195 WORCESTER STREET, SUITE 301 WELLESLEY, MA 02481 US
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0472602	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

NASSIF, DAVID W
 % NASSIF DEVELOPMENT, L.L.C.
 9130 GALLERIA COURT, SUITE 316
 NAPLES, FL 34109

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

05/28/08 80020 005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NASSIF, DAVID W 9130 GALLERIA COURT, SUITE 316 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAROCH, TIMOTHY D 195 WORCESTER STREET, SUITE 301 WELLESLEY HILLS, MA 02481
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: Timothy D. Jaroch 4/18/08 781-431-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Timothy D. Jaroch