

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000033771**

1. Entity Name  
**PARCEL J ISLAND DEVELOPMENT CORP.**



Principal Place of Business  
**245 FRONT ST  
KEY WEST, FL 33040 US**

Mailing Address  
**1000 MARKET ST  
BLDG 1  
PORTSMOUTH, NH 03801 US**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0686308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, typed or printed name of registered agent and title if applicable

(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

11000000914693  
05/08/08-80037-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WALSH, MARK  
1001 E ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
WALSH, MICHAEL  
1001 E ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WALSH, WILLIAM  
1000 MARKET ST BLDG 1  
PORTSMOUTH, NH 03801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MCMURRAIN, THOMAS  
1001 E ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CRITCHFIELD, RICHARD  
1001 E ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483**

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 #

2102