2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 28, 2005 08:00 AM DOCUMENT # P96000000943 **Secretary of State** 1. Entity Name JRD DEVELOPMENT OF BREVARD, INC. Principal Place of Business Mailing Address 4235 MARSH LANDING BLVD., #312 JACKSONVILLE BEACH FL 32250 4235 MARSH LANDING BLVD., #312 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3455558 Not Applicable Country Zip Zip. Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOSSIFON, JOSEPH 4235 MARSH LANDING BLVD., #312 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32250 City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Change ☐ Addition BILE ☐ Delete YOSSIFON, JOSEPH NAME STREET ADDRESS 4235 MARSH LANDING BLVD., #312 STREET ADDRESS CATY - ST - 74P JACKSONVILLE BEACH FL 32250 CHY-ST-ZIP ☐ Delete FILE ☐ Change ☐ Addition THLE 100000201288 YOSSIFON, RONALD NAME 01.788705-80059-011 150.00 STREET ADDRESS 4235 MARSH LANDING BLVD., #312 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-SI-ZIP CITY-ST-ZIP Change Addition ☐ Delete BRE YOSSIFON, DEREK NAME SIRFE! ADDRESS STREET ADDRESS 4235 MARSH LANDING BLVD., #312 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP Aticitia Change ☐ Delete III F MANG NAME STREET ADDRESS STREET ADDRESS CITY-ST- AP CITY-ST-7/P Aiklita ☐ Delete TITLE ☐ Change NAME NAME STREET ACORESS SIPEET ADDRESS CRY-ST-ZIP CHY-ST-ZIP Addition Delete Inte ☐ Change NAME STREET ADDRESS STREET ADDRESS CUV-ST-ZIP CHY-ST-7(P 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report of supplier enter 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 of the receiver on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11.