

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000005517

1. Entity Name
J & J DEVELOPMENT OF N.W. FLORIDA, INC.



Principal Place of Business
**1414 EAST DESOTO STREET
 PENSACOLA, FL 32501**

Mailing Address
**1414 EAST DESOTO STREET
 PENSACOLA, FL 32501**



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3404041** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KYLES, JOE J
 1414 EAST DESOTO STREET
 PENSACOLA, FL 32501**

**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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

000000142197
 05/03/04-80137-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KYLES, JOE J 1414 EAST DESOTO STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOZEMAN, JAMES C 101 S. ALCANIZ STREET PENSACOLA, FL 32501
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**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: *James C. Bozeman* **JAMES C. BOZEMAN** **DIRECTOR** *April 28, 2004* **850-435-6226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #