2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # P96000005517 Apr 27, 2005 08:00 AM 1. Entity Name **Secretary of State** J & J DEVELOPMENT OF N.W. FLORIDA, INC. _ Mailing Address Principal Place of Business 1414 EAST DESOTO STREET 1414 EAST DESOTO STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501 No Chg-P CR2E034 (10/03) 03282005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3404041 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KYLES, JOE J DO NOT WRITE 1414 EAST DESOTO STREET PENSACOLA, FL 32501 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Ð TITLE NAME KYLES, JOE J 1414 EAST DESOTO STREET STREET ADDRESS PENSACOLA, FL 32501 CITY-ST-ZIP TITLE 1100000334294 BOZEMAN, JAMES C NAME 04/27/05-80039-008 150.00 STREET ADDRESS 101 S. ALCANIZ STREET CITY ST-ZIP PENSACOLA, FL 32501 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath; 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

DIRECTOR

ITED NAME OF SIGNING OFFICER OR DIRECTOR