

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000060288

1. Entity Name
L J DEVELOPMENT GROUP, INC.



Principal Place of Business
**9310 OLD KINGS ROAD SOUTH
SUITE 801
JACKSONVILLE, FL 32257 US**

Mailing Address
**9310 OLD KINGS ROAD SOUTH
SUITE 801
JACKSONVILLE, FL 32257 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3409518	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

**JONES, THOMAS F
9310 OLD KINGS ROAD SOUTH
SUITE 801
JACKSONVILLE, FL 32257**

**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

U00000782511
01/15/08-80077-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JONES, THOMAS F PRESIDE 8833 PERIMETER PARK BLVD STE 1004 JACKSONVILLE, FL 32216
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/ LEE, DAVID E SEC/TRE 8833 PERIMETER PARK BLVD STE 1004 JACKSONVILLE, FL 32216
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP LEE, JAMES D AST. VP 8833 PERIMETER PARK BLVD STE 1004 JACKSONVILLE, FL 32216
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

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 #

David E Lee Sec/Tre 1/12/08 904-730-0400