


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90143 023 ***150.00

DOCUMENT # P97000072048 1. Entity Name JACKSON DEVELOPMENT CORP. OF SOUTH FLORIDA, INC.			
Principal Place of Business 441 S. ANDREWS AVENUE FT. LAUDERDALE, FL 33301		Mailing Address 441 S. ANDREWS AVENUE FT. LAUDERDALE, FL 33301	
2. Principal Place of Business 1200 S. PINE ISLAND ROAD		3. Mailing Address 1200 S. PINE ISLAND RD	
Suite, Apt. #, etc. SUITE 475		Suite, Apt. #, etc. SUITE 475	
City & State PLANTATION FL		City & State PLANTATION FL	
Zip 33324-4470		Zip 33324-4470	
Country USA		Country USA	
4. FEI Number 65-0781201		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEALY, CHARLOTTE A 4400 N. FEDERAL HIGHWAY, SUITE 42 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAFT, GLENN R 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 fees empowered.			
SIGNATURE: GLENN R. HAFT		Date: 3/5/05 Daytime Phone #: (954) 476-7000	