


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000072048 1. Entity Name JACKSON DEVELOPMENT CORP. OF SOUTH FLORIDA, INC.	
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Principal Place of Business
**1200 S. PINE ISLAND ROAD
SUITE 475
PLANTATION, FL 33324-4470**

Mailing Address
**1200 S. PINE ISLAND ROAD
SUITE 475
PLANTATION, FL 33324-4470**



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HAFT, GLENN R
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 475
CITY - ST - ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/20/06-80034-001 150.00

**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: Glenn R. Haft GLENN R. HAFT 2/4/06 (954) 476-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #