

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088668

Entity Name: JBS DEVELOPMENT, INC.

FILED  
Apr 22, 2004  
Secretary of State

**Current Principal Place of Business:**

1733 WEST FLETCHER AVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1733 WEST FLETCHER AVENUE  
TAMPA, FL 33612 US

**New Mailing Address:**

FEI Number: 59-3477804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, DENNIS J  
215 WEST VERNE STREET  
SUITE B  
TAMPA, FL 33606

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEEDS, MICHAEL J  
Address: 1733 WEST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

Title: VP ( ) Delete  
Name: RICE, SUSIE LEVIN  
Address: 1733 WEST FLETCHER AVENUE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSIE LEVIN-RICE

VP

04/22/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date