2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000104891

1. Entity Name
J & S DEVELOPERS OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
10151 OSCEOLA NEW PORT RICHEY, FL 34654	10151 OSCEOLA NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SPACE

04062006 No Chg P CR2E034 (11/05)

4. FEI Number
59-3492861
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, JOHN
10151 OSCEOLA
NEW PORT RICHEY, FL 34654

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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 of new registered agent, if changing) (Typed or printed name of registered agent and title if applicable) (Signature of current registered agent, required if changing) (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	D
NAME	ERICKSON, JOHN
STREET ADDRESS	10151 OSCEOLA
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
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CITY-ST-ZIP	
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UNNNUSUSTHS
04/27/06-00013-004 150.00

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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 an officer for empowered.*

SIGNATURE: John D Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Document Number)