

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90069 033 ***150.00

DOCUMENT # P98000013908 1. Entity Name GROUP IV JAX DEVELOPMENT, INC.			
Principal Place of Business 5605 FLORUDA MINING BLVD S SUITE 11 JACKSONVILLE, FL 32257		Mailing Address 5605 FLORUDA MINING BLVD S SUITE 11 JACKSONVILLE, FL 32257	
2. Principal Place of Business 5605 FLORIDA MINING BLVD. S. Suite 11		3. Mailing Address 5605 FLORIDA MINING BLVD S. Suite 11	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32257		Zip 32257	
Country 		Country 	
4. FEI Number 65-0817466		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 SPINNER, WILLIAM T 3278 HEDRICK ST JACKSONVILLE, FL 32205		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 file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D NAME SPINNER, WILLIAM T STREET ADDRESS 3728 HEDRICK ST. CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WALTERS, ROBERT S STREET ADDRESS 1550 S OCEAN LANE APT 204 CITY-ST-ZIP FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME 620 S.E. 1st St STREET ADDRESS 33301 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LANGSENKAMP, KURT STREET ADDRESS 2700 NE 40TH STREET CITY-ST-ZIP FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KELLEY, BRIAN L STREET ADDRESS 12148 GLENMORE DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33071	<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
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
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 like empowered.			
SIGNATURE: <u>William T. Spinner</u> <u>1/21/04</u> <u>(904) 292-9660</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			