2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P98000077410

Entity Name: J. L. M. DEVELOPMENT CORPORATION

Current Principal Place of Business:

2236 BLUE SAPPHIRE CIRCLE
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2236 BLUE SAPPHIRE CIRCLE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3533669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAVALCANTI, JOSE REGINALDO
2236 BLUE SAPPHIRE CIRCLE
ORLANDO, FL 32837

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:	PTD	( ) Delete
Name:	CAVALCANTI, JOSE REGINALDO	
Address:	2236 BLUE SAPPHIRE CIRCLE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	VSD	( ) Delete
Name:	CAVALCANTI, LUCI SOUZA	
Address:	2236 BLUE SAPPHIRE CIRCLE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	( ) Delete
Name:	CAVALCANTI, MARIA E	
Address:	2236 BLUE SAPPHIRE CIRCLE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	( ) Delete
Name:	SANTOS, RICARDO S	
Address:	2236 BLUE SAPPHIRE CIRCLE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	( ) Delete
Name:	CAVALCANTI, MARIA C	
Address:	2236 BLUE SAPPHIRE CIRCLE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	( ) Delete
Name:	CAVALCANTI, MARIA R	
Address:	2236 BLUE SAPPHIRE CIRCLE	
City-St-Zip:	ORLANDO, FL 32837	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOSE R. CAVALCANTI PTD 04/13/2004

Electronic Signature of Signing Officer or Director — Date