2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000084716

JENNINGS DEVELOPMENT GROUP, INC.

FILED Feb 23, 2006 08:00 AM Secretary of State

Principal Place of Business

4707 N.W. 53RD. AVE.,STE.A GAINESVILLE, FL 32606

Mailing Address

4707 N.W. 53RD. AVE.,STE.A GAINESVILLE, FL 32606



DO NOT WRITE IN THIS SPACE

02 162006 NO Chg-P	CR2E034 (11/05)	
4. FEI Number		Applied For
59-3534792		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional	

Fee Required

352-3730002

Daytime Phone #

06

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M 1 S.E. 1ST AVE. GAINESVILLE, FL 32606

SIGNATURE:

DO NOT WRITE IN THIS SPACE

The above the obligate SIGNATURE	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title to	applicable (NOTE Registered	Agent signatur	(gailatenier neriw barlupet a	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
HTLE NAME STREET ADDRESS CITY-ST-ZYP	PVST JENNINGS, EDWARD L 1003 NE 23RD ST GAINESVILLE, FL 32641	-			
title Name Street address City-St-Zip					M00000443985 M3/06/06-80033-017 150.00
DITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
DILE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-57-21P					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	7			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter (19, 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 cath, that I am an officer or director of the corporation or the receiver of trustee employered 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.					

INTED NAME OF SIGNING OFFICER OR DIRECTOR