

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104067

FILED  
Jul 14, 2007  
Secretary of State

Entity Name: J & D DEVELOPMENT OF NAPLES, INC.

**Current Principal Place of Business:**

1085 BUSINESS LANE  
7  
NAPLES, FL 34110

**New Principal Place of Business:**

8805 TAMIAMI TRAIL N. #162  
NAPLES, FL 34108

**Current Mailing Address:**

8805 TAMIAMI TRAIL NORTH  
162  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 58-2585191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PFEUFFER, WILLIAM A  
1124 GOODLETTE ROAD  
NAPLES, FL 34102    US

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: OFF ( ) Delete  
Name: ROBBINS, DAVID  
Address: 8805 TAMIAMI TRAIL N. #162  
City-St-Zip: NAPLES, FL 34108

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID ROBBINS

OFF

07/14/2007

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

\_\_\_\_\_ Date