2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000605050

1. Entity Name
JDS INDUSTRIES, INC. OF SD

Principal Place of Business	Mailing Address
2704 W. 3RD ST SIOUX FALLS, SD 57104	2704 W. 3RD ST SIOUX FALLS, SD 57104

DO NOT WRITE IN THIS SPACE

03092005 No Chg-P CR2E034 (10/03)

4. FEI Number
46-0415545
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLETTEN, SCOTT
4102 BULLS BAY HWY #2A
JACKSONVILLE, FL 32219

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SLETTEN, DARWIN
STREET ADDRESS	2410 OLD YANKEE RD
CITY-ST-ZIP	SIOUX FALLS, SD 57108
TITLE	PT
NAME	SLETTEN, SCOTT
STREET ADDRESS	501 E. 61 ST ST
CITY-ST-ZIP	SIOUX FALLS, SD 57108
TITLE	VS
NAME	SLETTEN, DARWIN
STREET ADDRESS	2410 OLD YANKEE RD
CITY-ST-ZIP	SIOUX FALLS, SD 57108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000313084
04/18/05-80110-014 150.00

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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: _____ 3/9/05 339-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #