


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90342 038 ***150.00

DOCUMENT # P02000116698

1. Entity Name
JDV ENTERPRISES, INC



Principal Place of Business
**260 PALM BLVD
MERRITT ISLAND FL 32952**

Mailing Address
**260 PALM BLVD
MERRITT ISLAND FL 32952**



2. Principal Place of Business
4235 Lemon St
Suite, Apt. #, etc.

3. Mailing Address
4235 Lemon St
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Cocoa Fla

City & State
Cocoa Fla

Zip **32926** Country **U.S.** Zip **32926** Country **U.S.**

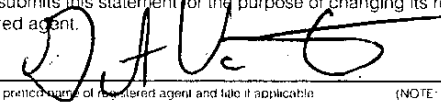
4. FEI Number **14-1853735** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VAN ALSTINE, DAVID
~~260 PALM BLVD~~
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent
Name **VAN ALSTINE DAVID A.**
Street Address (P.O. Box Number is Not Acceptable)
4235 Lemon St
City **Cocoa** FL Zip Code **32926**

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  (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANALSTINE, DAVID A 260 PALM BLVD MERRITT ISLAND FL 32952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Van Alstine Donna L. 4235 Lemon St Cocoa FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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 exemptions contained in Section 119, 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:  **David Van Alstine** 4-7-06 321-322-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #