

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # P97000016627



1. Entity Name
JDC ENTERPRISES, INC.

Principal Place of Business Mailing Address
3725 S. OCEAN DRIVE **3725 S. OCEAN DRIVE**
SUITE 718 **SUITE 718**
HOLLYWOOD FL 33019 **HOLLYWOOD FL 33019**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0731653 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEIDT, MICHAEL ESQ.
4000 HOLLYWOOD BLVD.
SUITE 735 SOUTH
HOLLYWOOD FL 33021

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME COWAN, JONATHAN
 STREET ADDRESS 3725 S. OCEAN DR., SUITE 718
 CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE Change Addition
 NAME U00000247578
 STREET ADDRESS 03/01/05-80028-011 158.75
 CITY-ST-ZIP

TITLE SD Delete
 NAME COWAN, IRVING
 STREET ADDRESS 3725 S. OCEAN DR., SUITE 718
 CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 reports 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: *Jonathan Cowan* 2/23/05 Date 954-458-8998 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR