2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 21, 2005
Secretary of State

DOCUMENT# 555463

Entity Name: L.J.D., INC.

Current Principal Place of Business:

P.O. BOX 3834
FT MYERS, FL 33918

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3834
FT MYERS, FL 33918

New Mailing Address:

FEI Number: 59-1826309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVILLE, LUIS J.
4400 HANCOCK BRIDGE PARKWAY
FT. MYERS, FL 33903 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

OFFICERS AND DIRECTORS:

Title:	V ( ) Delete
Name:	DEVILLE, OLGA M VP
Address:	4400 HANCOCK BRIDGE PKWY.
City-St-Zip:	FORT MYERS, FL 33903

Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P (X) Change ( ) Addition
Name:	DEVILLE, OLGA M P
Address:	P. O. BOX 3834
City-St-Zip:	FORT MYERS, FL 33918

Title:	V ( ) Change (X) Addition
Name:	GOMERINGER, NEIL VP
Address:	P. O. BOX 3834
City-St-Zip:	FORT MYERS, FL 33918

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLGA DEVILLE P 10/21/2005
Electronic Signature of Signing Officer or Director Date