

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 MAY 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292005 No Chg-P CR2E034 (10/03) *u*

DOCUMENT # 673075

1. Entity Name
J.P.D. CORPORATION



Principal Place of Business
1201 34TH STREET SOUTH
1201 34TH STREET SOUTH
ST. PETERSBURG, FL 33711 US

Mailing Address
% GEORGE DOVELAS
1201 34TH STREET SOUTH
ST. PETERSBURG, FL 33711 US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2017712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, GEORGE
1200 34TH STREET SOUTH
ST PETERSBURG, FL 33711

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD DOUGLAS, GEORGE 1201-34TH STREET, SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/01/05--01024--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

Daytime Phone #