


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001439 1. Entity Name J D C FLORIDA, INC.	
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Principal Place of Business 41 WEST I-65 SERVICE ROAD NORTH MOBILE, AL 36608	Mailing Address P.O. BOX 160306 MOBILE, AL 36616-1306
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DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0591479	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 CAMPUS, JOSEPH J III 3298 SUMMIT BLVD. #18 PENSACOLA, FL 32503-4350

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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SAINT, JOHN B 41 WEST I-65 SERVICE ROAD NORTH MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, DON P JR. 41 WEST I-65 SERVICE ROAD NORTH MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFAN, CHESTER J 41 WEST I-65 SERVICE ROAD NORTH MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPUS, JOSEPH J III 3298 SUMMIT BLVD. #18 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000485595
04/21/06-60017-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: John B. Saint 3-29-06 (251) 380-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #