

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 003 ***150.00

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1. Entity Name
J D C FLORIDA, INC.



Principal Place of Business
41 WEST I-65 SERVICE ROAD NORTH
MOBILE, AL 36608

Mailing Address
P.O. BOX 160306
MOBILE, AL 36616-1306



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007

Chg-P

CR2E034 (12/06)

4. FEI Number

77-0591479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

7. Name and Address of New Registered Agent

Name Frank M. Gamman, Jr.

Street Address (P.O. Box Number is Not Acceptable)

701 N. US Hwy. 27

Suite G

City Clermont

FL

Zip Code 34711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME SAINT, JOHN B
STREET ADDRESS 41 WEST I-65 SERVICE ROAD NORTH
CITY-ST-ZIP MOBILE, AL 36608

TITLE D ☐ Delete
NAME KELLY, DON P JR.
STREET ADDRESS 41 WEST I-65 SERVICE ROAD NORTH
CITY-ST-ZIP MOBILE, AL 36608

TITLE D ☐ Delete
NAME STEFAN, CHESTER J
STREET ADDRESS 41 WEST I-65 SERVICE ROAD NORTH
CITY-ST-ZIP MOBILE, AL 36608

TITLE V ☒ Delete
NAME CAMPUS, JOSEPH J III
STREET ADDRESS 3298 SUMMIT BLVD. #18
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-07 (251) 380-2929