


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90055 022 ***158.75

DOCUMENT # F04000001244	
1. Entity Name JPD ASSOCIATES, INC.	

Principal Place of Business 2 OLD TOWN HWY. UNIT 35 EAST HAVEN, CT 06512	Mailing Address 2 OLD TOWN HWY. UNIT 35 EAST HAVEN, CT 06512
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2. Principal Place of Business 560 Silver Sands Road	3. Mailing Address 560 Silver Sands Road
Suite, Apt. #, etc. 1003	Suite, Apt. #, etc. 1003

City & State East Haven, CT.	City & State East Haven, CT.
Zip 06512	Country USA
Zip 06512	Country USA



03142005 Chg-P CR2E034 (10/03)

4. FEI Number 06-1296051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DISETTE, JOHN P 15 BOCA ROYALE BLVD. ENGLEWOOD, FL 34223	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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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: <u>John P. DiSette</u>	John P. DiSette	3/22/05	941-474-0059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #