

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002052

1. Entity Name
JDD PROPERTIES, INC.



Principal Place of Business
**5111 AMULET DRIVE
NEWPORT RICHEY, FL 34652**

Mailing Address
**5111 AMULET DRIVE
NEWPORT RICHEY, FL 34652**



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0785074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEYDEN, DANIEL F
5111 AMULET DR
NEWPORT RICHEY, FL 34652**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTC
NAME	LEYDEN, DANIEL P
STREET ADDRESS	6546 S. KEATING AVE
CITY-ST-ZIP	CHICAGO, IL 60629
TITLE	VD
NAME	LEYDEN, JOSEPH P
STREET ADDRESS	807 TENTH
CITY-ST-ZIP	LAGRANGE, IL 60525
TITLE	VC
NAME	LEYDEN, DAVID F
STREET ADDRESS	21409 PLANK TRAIL DRIVE
CITY-ST-ZIP	FRANKFORT, IL 60423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000497424
04/22/06-80054-006 150.00

**DO NOT WRITE
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: *Daniel F. Leyden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06

Date

773 671-1002

Daytime Phone #