

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06644

1. Entity Name

J D H ENTERPRISES, INC. OF POLK COUNTY



Principal Place of Business

11635 N W 1ST AVENUE
GAINESVILLE, FL 32607

Mailing Address

11635 N W 1ST AVENUE
GAINESVILLE, FL 32607

[Handwritten signature]

FILED
05 APR 19 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2213166

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CURTIS, JOHN M
11635 N W 1ST AVENUE
GAINESVILLE, FL 32607

**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, 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 | VST |
| NAME | CURTIS, GAIL |
| STREET ADDRESS | 11635 NW 1ST AVE |
| CITY - ST - ZIP | GAINESVILLE, FL |
| TITLE | D |
| NAME | CURTIS, GAIL |
| STREET ADDRESS | 11635 NW 1ST AVE |
| CITY - ST - ZIP | GAINESVILLE, FL |
| TITLE | PD |
| NAME | CURTIS, JOHN M |
| STREET ADDRESS | 11635 N W 1ST AVENUE |
| CITY - ST - ZIP | GAINESVILLE, FL 00000, |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

900054007019
05/06/05--01054--005 **158.75

**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.

John M. Curtis

President

3/9/05

352-332-0838

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #