


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # F35605	
1. Entity Name J & D ENTERPRISES OF SAN CARLOS PARK, INC.	

Principal Place of Business 18911 S TAMIAMI TR FT MYERS, FL 33912 US	Mailing Address 18207 IRIS ROAD S.E. FT MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2096417	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATCHELOR, DAN
 27365 OLD 41 ROAD
 BONITA SPRINGS, FL 33923

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, DONNA P. 18207 IRIS RD SE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHECK, JOSEPH 9200 SEVILLE RD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN BRUNT, KASSANDRA 18432 OLIVE RD. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/21/07-80007-018 158.75

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: Donna P. Wilson Date: 4-30-07 Daytime Phone #: 239-267-2923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR