


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # G40155 1. Entity Name J. D. C. PLANTS, INC.					
Principal Place of Business 3366 WEST KELLY PARK ROAD APOPKA FL 32712			Mailing Address 3366 WEST KELLY PARK ROAD APOPKA FL 32712		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2286281	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YUEN, CLAYTON K.K.H. 3366 WEST KELLY PARK ROAD APOPKA FL 32712				7. Name and Address of New Registered Agent 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 <i>[Signature]</i> SECRETARY JDC PLANTS DATE <i>April 21, 2006</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME FERGUSON, DONALD A. STREET ADDRESS 200 WILD ASH LANE CITY- ST- ZIP LONGWOOD FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000532372 05/06/06-80081-014 150.00		
TITLE VD <input type="checkbox"/> Delete NAME GRIFFIS, JOHN L., JR. STREET ADDRESS 749 PARK HILL CITY- ST- ZIP LAKELAND FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD <input type="checkbox"/> Delete NAME YUEN, CLAYTON K.K.H. STREET ADDRESS 3366 WEST KELLY PARK RD. CITY- ST- ZIP APOPKA FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD <input type="checkbox"/> Delete NAME LO, CHIA-TON STREET ADDRESS 261 LIVERPOOL COVE CITY- ST- ZIP LONGWOOD FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <i>[Signature]</i> SECRETARY APRIL 21, 2006 407-806-0873 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

