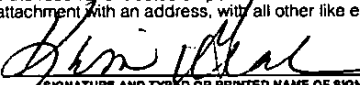


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90163 033 ***150.00

DOCUMENT # H55867 1. Entity Name J.D.K., INC.					
Principal Place of Business 79 E DUNLAWTON PORT ORANGE, FL 32119 US			Mailing Address P.O. BOX 291607 PORT ORANGE, FL 32129 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2536720	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POLSTON, JOHN 79 E DUNLAWTON PORT ORANGE, FL 32119				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 _____ 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FREEMAN, JAMES C.		NAME		
STREET ADDRESS	79 E DUNLAWTON		STREET ADDRESS		
CITY - ST - ZIP	PORT ORANGE, FL		CITY - ST - ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRAHAM, KIM		NAME		
STREET ADDRESS	6184 HALF MOON DR.		STREET ADDRESS		
CITY - ST - ZIP	PORT ORANGE, FL 32127		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	JAMES P. Freeman		NAME	JAMES P. Freeman	
STREET ADDRESS	79 E. Dunlawton		STREET ADDRESS	79 E. Dunlawton	
CITY - ST - ZIP	Port Orange, FL 32129		CITY - ST - ZIP	Port Orange, FL 32129	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date: <u>4-25-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					