

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

07-17-2007 90107047 ***150.00
J53952

FILED


2007 AUG 27 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

40125554 ✓

CR2E034B (8/05)

DOCUMENT # J53852
1. Entity Name JKD INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3431 Bonita Bch Rd
Suite, Apt. #, etc. 205

3. Mailing Address SAME
Suite, Apt. #, etc.

City & State Bonita Springs FL

City & State

Zip 34134 Country USA

Zip Country

4. FEI Number 650035978 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Miller, Ailyn

Street Address (P.O. Box Number is Not Acceptable)
3431 Bonita Beach Road sw, Ste E

City Bonita Springs FL Zip Code 34134

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 Ailyn Miller ALYNN J. MILLER 7/11/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$81.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	<u>PRES</u>	TITLE	
NAME	<u>SUSAN MILLER</u>	NAME	
STREET ADDRESS	<u>10190 WINCHESTERWOOD</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>NAPLES FL 34109</u>	CITY-ST-ZIP	
TITLE	<u>VP</u>	TITLE	
NAME	<u>ALYNN MILLER</u>	NAME	
STREET ADDRESS	<u>10190 WINCHESTERWOOD</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>NAPLES FL 34109</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address with all other like empowered.

SIGNATURE: Ailyn Miller ALYNN J. MILLER 7/11/07 239-947-4145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40125554

J53852

WE NEVER RECEIVED THIS EARLIER
IN THE YEAR. AS YOU CAN SEE FROM
PAST YEARS (16) IT HAS ALWAYS BEEN DONE
ON A TIMELY BASIS. I CALLED (7/02/07) AS

JKD INC DBA PACK N SHIP
3431 BONITA BEACH RD SW STE 205
BONITA SPRINGS, FL 34134

SOON AS I GOT THE POST
CARD OF DISSOLUTION.

THE PERSON ANSWERING TOLD ME
SHE'D SEND THE FORM & TO
WRITE A NOTE OF EXPLANATION
SO I WOULDN'T BE
PENALIZED FOR LATE PAYMENT

Request taken by: rawoodall
07-02-2007

The forms you recently requested from this office are:

- (1) 201. COR Profit AVR

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314