


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J65047 1. Entity Name J.D.F. CONSTRUCTION, INC.				
Principal Place of Business % JAMES FINCH 1805 TENNESSEE AVE LYNN HAVEN, FL 32444		Mailing Address % JAMES FINCH 1805 TENNESSEE AVE LYNN HAVEN, FL 32444		
DO NOT WRITE IN THIS SPACE				
				01232005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2781728		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FINCH, JAMES D 1805 TENNESSEE AVE LYNN HAVEN, FL 32444		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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000196170 01/26/05-20058-015 150.00		
TITLE	D			
NAME	FINCH, JAMES D			
STREET ADDRESS	1805 TENNESSEE AVE			
CITY - ST - ZIP	LYNN HAVEN, FL 32444			
TITLE	ST			
NAME	EDWARDS, PATRICIA L			
STREET ADDRESS	1120 PENNSYLVANIA AVENUE			
CITY - ST - ZIP	LYNN HAVEN, FL 32444			
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
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: <u>Patricia Edwards</u> <u>TRICIA EDWARDS</u>		Date <u>1/24/05</u> Daytime Phone # <u>85026654</u>		