


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L30197</b>		
1. Entity Name J J.B.D. ENTERPRISES, INC.		
Principal Place of Business 7620 GUNN HIGHWAY SUITE 130 CITRUS PARK, FL 33625	Mailing Address 7620 GUNN HIGHWAY SUITE 130 CITRUS PARK, FL 33625	
<b>DO NOT WRITE IN THIS SPACE</b>		



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2984467	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  DRAPER, JOHNATHON B. 10035 CHIP LANE NEW PORT RICHEY, FL 34654
---

**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAPER, JOHNATHAN B. 7620 GUNN HIGHWAY S-130 CITRUS PARK, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRAPER, BRENDA K. 7620 GUNN HIGHWAY S-130 CITRUS PARK, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000355219  
05/03/05-80139-002 150.00

**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 Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Brenda K Draper* *Brenda K Draper Owner* *4/29/05* *813 920631*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #