

## ANNUAL REPORT (AR)

DOCUMENT # L34693

1. Entity Name

J.C.D. CORPORATION



**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

% JOHN E. DUVALL  
 1900 SECOFFEE ST  
 MIAMI FL 33133

Mailing Address

% JOHN E. DUVALL  
 1900 SECOFFEE ST  
 MIAMI FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 65-0162712

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUVALL, JOHN E.  
 1900 SECOFFEE ST  
 MIAMI FL 33133

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DP ☐ Delete  
 NAME DUVALL, JOHN EMACK  
 STREET ADDRESS 1900 SECOFFEE ST  
 CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Change ☐ Addition  
 NAME U00000643295  
 STREET ADDRESS 03/01/07-80076-020 150.00  
 CITY-ST-ZIP

TITLE NAME DVS ☐ Delete  
 NAME DUVALL, CHARLOTTE FREELS  
 STREET ADDRESS 1900 SECOFFEE ST  
 CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Feb 2007

Date

305-854-7534

Daytime Phone #