2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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FILED Jan 30, 2006 08:00 AN DOCUMENT # M07614 1. Entity Name Secretary of State J&D CON ENTERPRISES INC. Mailing Address Principal Place of Business 11300 SHADY LANE PLANTATION FL 33325 11300 SHADY LANE PLANTATION FL 33325 2. Principal Place of Business 3. Marting Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0005003 Not Applicab! Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONRAD, DENNIS Street Address (P.O. Box Number is Not Acceptable) 11300 SHADY LANE PLANTATION FL 33325 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change NAME CONRAD, DENNIS STREET ADDRESS STREET ADDRESS 11300 SHADY LANE CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP 022 150.00 TITLE Delete TITLE ☐ Add" MAME CONRAD, STEVE NAME STREET ADDRESS STREET ADDRESS 5325 PINE CREST RD CITY-ST-ZIP CITY-ST-78 YOUNG HARRIS GA 30582 Delete TILLE TITLE Change □ Add" NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Detete HILE ☐ Change - ∏ Additi TITLE MAAK. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TAC ☐ Change TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change □ Add TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 direction or the receiver or instee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block