

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000009181

1. Entity Name
JD FLOYD INC.



FILED

2008 APR 30 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4270 RIDGE HAVEN RD.
TALLAHASSEE, FL 32305

Mailing Address
4270 RIDGE HAVEN RD.
TALLAHASSEE, FL 32305



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

26-1156437

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

DAVIS, JASON
4270 RIDGE HAVEN RD.
TALLAHASSEE, FL 32305

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
JOHNSON, TIFFANY N
419 DUPONT DR.
TALLAHASSEE, FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DAVIS, JASON E
4270 RIDGE HAVEN RD.
TALLAHASSEE, FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MILLER, ANGELIN
419 DUPONT DR
TALLAHASSEE, FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
600127472956
04/30/08--01054--014 **\$2.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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 Chapter 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 617, 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

JASON DAVIS

04/30/08

Date

850-509-5256

Daytime Phone #