

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90321 002 \*\*\*158.75

14013549



MOORE CR2E034 (11/03)

<b>DOCUMENT # P00000075175</b> 1. Entity Name <b>J D PRIVATE TASKS, INC.</b>																													
Principal Place of Business <b>15476 NW 77TH CT., #601 MIAMI LAKES FL 33016</b>			Mailing Address <b>15476 NW 77TH CT., #601 MIAMI LAKES FL 33016</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		4. FEI Number <b>65-1036596</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>DRESE, JAMES W 15476 NW 77TH CT., #601 MIAMI LAKES FL 33016</b>																									
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004: Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DRESE, JAMEL W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17839 N.W. 68 CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH FL 33015</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	DRESE, JAMEL W		STREET ADDRESS	17839 N.W. 68 CIRCLE		CITY-ST-ZIP	HIALEAH FL 33015		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">JAMES W. DRESE</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>15476 NW 77TH COURT - # 601</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI LAKES, FL. 33016</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	JAMES W. DRESE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	15476 NW 77TH COURT - # 601		STREET ADDRESS	MIAMI LAKES, FL. 33016		CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> <u>James W. Drese</u> <b>JAMES W. DRESE</b> <u>3/30/04</u> <u>786-417-5393</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																													