

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # P00000094159

1. Entity Name
J.D.K. MANAGEMENT, INC.



Principal Place of Business
**508 SUNSHINE BOULEVARD
#2
LEHIGH ACRES, FL 33971**

Mailing Address
**508 SUNSHINE BOULEVARD
#2
LEHIGH ACRES, FL 33971**

DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1048959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRECO, CARL ACCT
3949 EVANS AVE #205
FT MYERS, FL 33901**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John Larocque

02/05/2007

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LAROCQUE, JOHN
508 SUNSHINE BLVD #2
LEHIGH ACRES, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000625870
02/14/07-80091-025 150.00

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IN THIS SPACE**

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 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:

John Larocque

John Larocque, President

02/05/2007

239 303 0491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #