2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006408

WALKER, STEPHANIE J

RIVERVIEW, FL 33569

10446 ASHLEY OAKS DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 15, 2005 Secretary of State

Entity Name: JMD BUILDING CONTRACTORS, INC.							
Current Principal Place of Business:			Nev	New Principal Place of Business:			
611 PINED BRANDON	DALE CT. N, FL 33511						
Current Mailing Address:			Nev	New Mailing Address:			
611 PINED BRANDON	DALE CT. N, FL 33511						
FEI Number:	: 65-1068968	FEI Number Applied For ()	FEI Number I	Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ALBAUGH, MITCHELL E 10312 BLOOMINGDALE AVE., SUITE A-2 RIVERVIEW, FL 33569 US				ALBAUGH, MITCHELL E 316 E. BLOOMINGDALE BRANDON, FL 33511 US			
	named entity e of Florida.	submits this statement for the	purpose of cha	nging i	ts registe	red office or registered agent, or both,	
SIGNATURE:				04/15/2005			
	Electro	nic Signature of Registered Ag	jent			Date	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DVS (DIAZ, MANUEL 611 PINEDALE BRANDON, FL	COURT	Title: Nam Addr City-	e:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (DIAZ, JOYCE S 611 PINEDALE BRANDON, FL	ECT.	Title Nam Addr City-	e:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DIAZ, CHRISTO 3646 COPPER BRANDON, FL	TREE CIRCLE	Title: Nam Addr City-	e:		() Change () Addition	
Title:	D () Delete	Title		D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WALKER, STEPHANIE J

638 MARPHILL LOOP

BRANDON, FL 33511

SIGNATURE: JOYCE S. DIAZ DP 04/15/2005