


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90027 013 ***150.00

DOCUMENT # P01000039223																																																																																																																							
1. Entity Name B & D ENTERPRISES OF JAX, INC.																																																																																																																							
Principal Place of Business 11536 ALEXIS FOREST DR. E. JACKSONVILLE, FL 32258			Mailing Address 11536 ALEXIS FOREST DR. E. JACKSONVILLE, FL 32258																																																																																																																				
2. Principal Place of Business - No P.O. Box # 10379 ILAH RD.		3. Mailing Address 10379 ILAH RD.																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-3716796																																																																																																																			
Zip 32258		Country DUVAL		Applied For Not Applicable																																																																																																																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																					
6. Name and Address of Current Registered Agent DAILEY, LAURIE A 11536 ALEXIS FOREST DR. E. JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10379 ILAH RD City JACKSONVILLE, FL Zip Code 32258																																																																																																																				
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 reinstalling) DATE _____																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">DPT DAILEY, LAURIE A <input type="checkbox"/> Delete</td> <td style="width: 20%; padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">11536 ALEXIS FOREST DR. E.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">10379 ILAH RD</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">JACKSONVILLE, FL 32258</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">JACKSONVILLE, FL 32258</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">DVS BROWN, TERRY L <input type="checkbox"/> Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">11536 ALEXIS FOREST DR. E.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">10379 ILAH RD.</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">JACKSONVILLE, FL 32258</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">JACKSONVILLE, FL 32258</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DPT DAILEY, LAURIE A <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS	11536 ALEXIS FOREST DR. E.		STREET ADDRESS	10379 ILAH RD		CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	JACKSONVILLE, FL 32258		TITLE	DVS BROWN, TERRY L <input type="checkbox"/> Delete		TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS	11536 ALEXIS FOREST DR. E.		STREET ADDRESS	10379 ILAH RD.		CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	JACKSONVILLE, FL 32258		TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																				
TITLE	DPT DAILEY, LAURIE A <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																			
STREET ADDRESS	11536 ALEXIS FOREST DR. E.		STREET ADDRESS	10379 ILAH RD																																																																																																																			
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	JACKSONVILLE, FL 32258																																																																																																																			
TITLE	DVS BROWN, TERRY L <input type="checkbox"/> Delete		TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																			
STREET ADDRESS	11536 ALEXIS FOREST DR. E.		STREET ADDRESS	10379 ILAH RD.																																																																																																																			
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	JACKSONVILLE, FL 32258																																																																																																																			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																			
NAME			NAME																																																																																																																				
STREET ADDRESS			STREET ADDRESS																																																																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																			
NAME			NAME																																																																																																																				
STREET ADDRESS			STREET ADDRESS																																																																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																			
NAME			NAME																																																																																																																				
STREET ADDRESS			STREET ADDRESS																																																																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																				
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: <i>Laurie Dailey</i> 4/28/08 904-262-7740 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																																																																																																							