


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000082985
1. Entity Name
SJD CONSTRUCTION, INC.



Principal Place of Business
**4513 PIPER GLEN DRIVE
PENSACOLA, FL 32514**

Mailing Address
**PO DRAWER 1210
FOLEY, AL 36536**

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1282455	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
**DIBELLA, JOSEPH
4513 PIPER GLEN DR.
PENSACOLA, FL 32514**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD DIBELLA, SALVATORE P.O. BOX 10700 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIBELLA, JOSEPH P.O. BOX 10700 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIBELLA, MADDALENA P.O. BOX 10700 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIBELLA, PIETRO P.O. BOX 10700 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/05-80096-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____