


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 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



04062006 No Chg-P CR2E034 (11/05)

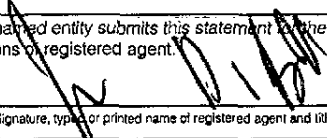
4. FEI Number
63-1282455 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIBELLA, JOSEPH
4513 PIPER GLEN DR.
PENSACOLA, FL 32514

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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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

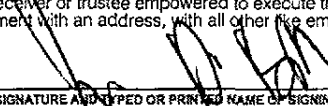
U00000520417
05/02/06-80094-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PD |
| NAME | DIBELLA, SALVATORE |
| STREET ADDRESS | P.O. BOX 10700 |
| CITY-ST-ZIP | PENSACOLA, FL 32524 |
| TITLE | VD |
| NAME | DIBELLA, JOSEPH |
| STREET ADDRESS | P.O. BOX 10700 |
| CITY-ST-ZIP | PENSACOLA, FL 32524 |
| TITLE | SD |
| NAME | DIBELLA, MADDALENA |
| STREET ADDRESS | P.O. BOX 10700 |
| CITY-ST-ZIP | PENSACOLA, FL 32524 |
| TITLE | TD |
| NAME | DIBELLA, PIETRO |
| STREET ADDRESS | P.O. BOX 10700 |
| CITY-ST-ZIP | PENSACOLA, FL 32524 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE #: _____