


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P0100082985
 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



03112007 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**

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, 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	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	TO 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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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: _____ **4/17/07** _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #