


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 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



03232008 No Chg-P CR2E034 (11/05)

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

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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 _____ 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, 2008 Fee will be \$550.00

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

U00000904507
 05/01/08-80015-017 150.00

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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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 names empowered.

SIGNATURE: _____ *At 12/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #