2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 08:00 Al Secretary of State

DOCUMENT # P01000120147 1. Entity Name JDR ENGINEERING, INC.				Secretary of St				
Principal Place 6033 EAGLES JUPITER, FL 3	S NEST DRIVE	Mailing Address 6033 EAGLES NEST DRIVE JUPITER, FL 33458						68 (88) 80 8 80 8
D	O NOT WRITE	IN THIS SPA	CE	01062008 4. FEI Numb 65-116		CR2E	034 (11/6	Applied For Not Applicable Additional
RENOWDE 6033 EAGL JUPITER, F	ES NEST DRIVE	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 Signature. Typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ncing \$5	.00 May Be ed to Fees	U0000(04/29/08-	090111 -80052	1 2-024	150.00
NAME STREET ADDRESS	OFFICERS AND DIF P RENOWDEN, JOE 6033 EAGLES NEST DRIVE JUPITER, FL 33458	RECTORS						
NAME STREET ADDRESS CITY-ST-ZIP	D RENOWDEN, KAY 6033 EAGLES NEST DRIVE JUPITER, FL 33458							
NAME STREET ADDRESS				DO	NOT W	RITE	 E	-

IN THIS SPACE

12. Thereby 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/08

561-747-2180

Daytime Phone #