

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91045 042 \*\*\*150.00

DOCUMENT # P02000029718

1. Entity Name  
JCDS ENTERPRISES, INC.



Principal Place of Business

6326 BAHAMA SHORES DR SOUTH  
ST. PETERSBURG, FL 33705

2876 51st AVE SOUTH  
St. Petersburg 7133712

Mailing Address

6326 BAHAMA SHORES DR SOUTH  
ST. PETERSBURG, FL 33705

2876 51st AVE SOUTH  
St. Petersburg 7133712



03312004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0408795

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COLON, JOSE J  
844 49TH ST NORTH  
ST. PETERSBURG, FL 33713  
2876 51st AVE SOUTH  
St. Petersburg 7133712

**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, 2004 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  
PSTD  
COLON, JOSE J  
844 49TH ST NO. 2876 51st AVE SOUTH  
SAINT PETERSBURG, FL 33710 St. Petersburg 7133712

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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04