2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067145

Name:

Address:

City-St-Zip:

ID LIDEAU FOTATE OFFICIONO INIC

FILED Jan 07, 2009 Secretary of State

Entity Nai	me: JDJ REA	LESTATES	ERVICES, INC.				
Current P	of Busines	s:	New Prince	New Principal Place of Business:			
3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250					7840 GATE PARKWAY JACKSONVILLE, FL 32256		
Current M	lailing Addres	ss:		New Maili	ng Addre	ss:	
	TH THIRD STI VILLE BEACH			7840 GATI JACKSON			
FEI Number	: 02-0632990	FEI Number	Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Regi	stered Agent:	Name and	Address	of New Registered Agent:	
3010 SOU	/, JOHN H JR. TH THIRD STI IVILLE BEACH		US	LATSHAW 7840 GATI JACKSON	É PARKW	'AY	
	named entity : e of Florida.	submits this :	statement for the p	urpose of changing	ts register	red office or registered agent, or both,	
SIGNATUR					01/07/2009		
	Electror	nic Signature	of Registered Age	nt		Date	
Election Car	mpaign Financin	g Trust Fund C	Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () COLEMAN, H. I 39 LITTLE BAY PONTE VEDRA	HARBOR DRIN		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LATSHAW, JOH 158 BARBERR PONTE VEDRA	Y LANE	2082 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MULLINS, DAV 2500 LYNNHAN JACKSONVILLI	/EN TERRACE	s	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MOSS, DIANE 7840 GATE PA JACKSONVILLI	RKWAY	S	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	(') Delete		Title:	D	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

WOODS, PAUL W

7840 GATE PARKWAY City-St-Zip: JACKSONVILLE, FL 32256

SIGNATURE: H. DUDLEY COLEMAN D 01/07/2009