

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90578 041 \*\*\*150.00

**20036960**



01202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000077826</b> 1. Entity Name <b>JD LAND COMPANY, INC.</b>					
Principal Place of Business <b>725 SE PORT ST LUCIE BLVD SUITE 202 PORT ST LUCIE, FL 34984</b>			Mailing Address <b>725 SE PORT ST LUCIE BLVD SUITE 202 PORT ST LUCIE, FL 34984</b>		
2. Principal Place of Business <b>7181 S.US Hwy 1</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>7181 S.US Hwy 1</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Port St. Lucie, Fl.</b> <small>Zip Country</small> <b>34952 USA</b>		City & State <b>Port St. Lucie, Fl.</b> <small>Zip Country</small> <b>34952 USA</b>		4. FEI Number <b>51-0419913</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BELL, DWIGHT W 361 SW MAJESTIC TERRACE PORT ST. LUCIE, FL 34984</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BELL, DWIGHT W</b> <b>361 SW MAJESTIC TERR</b> <b>PORT ST LUCIE, FL 34984</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LAWRENCE, JOHN D</b> <b>520 SW PRADO AVE</b> <b>PORT ST LUCIE, FL 34983</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LAWRENCE, JOHN D</b> <b>520 SW PRADO AVE</b> <b>PORT ST. LUCIE, FL. 34983</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					