

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90367 033 ***150.00

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1. Entity Name
JD LAND COMPANY, INC.



Principal Place of Business
7181 S US HWY 1
PORT SAINT LUCIE, FL 34952

Mailing Address
7181 S US HWY 1
PORT SAINT LUCIE, FL 34952

40050742



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0419913

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, DWIGHT W
361 SW MAJESTIC TERRACE
PORT ST. LUCIE, FL 34984

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BELL, DWIGHT W
STREET ADDRESS 361 SW MAJESTIC TERR
CITY-ST-ZIP PORT ST LUCIE, FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LAWRENCE, JOHN D
STREET ADDRESS 520 SW PRODO AVE
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE VP ☒ Change ☐ Addition
NAME John D. Lawrence
STREET ADDRESS 7319 Reserve Creek Dr
CITY-ST-ZIP Port St Lucie, FL 34986

TITLE SECRETARY ☐ Delete
NAME CARMEN V. BROWN
STREET ADDRESS 1213 SW MARWORE AVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE SECRETARY ☐ Change ☒ Addition
NAME CARMEN V. BROWN
STREET ADDRESS 1213 SW MARWORE AVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2006

Date

772-871-7072

Daytime Phone #

XT212