

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000109795**

1. Entity Name  
**J-D HOLDINGS, INC.**



Principal Place of Business

**2018 SE 21ST STREET  
CAPE CORAL, FL 33990**

Mailing Address

**2018 SE 21ST STREET  
CAPE CORAL, FL 33990**

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number **42-1556889** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLOW, DALE A  
2018 SE 21ST STREET  
CAPE CORAL, FL 33990**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BLOW, JON M
STREET ADDRESS	7 OREGON AV
CITY-ST-ZIP	OLD ORCHARD BEACH, ME 04064
TITLE	S
NAME	BLOW, ANNETTE
STREET ADDRESS	2018 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	T
NAME	BLOW, DALE A
STREET ADDRESS	2018 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	BLOW, JON M
STREET ADDRESS	7 OREGON AV.
CITY-ST-ZIP	OLD ORCHARD BEACH, ME 04064
TITLE	D
NAME	BLOW, ANNETTE
STREET ADDRESS	2018 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	BLOW, DALE A
STREET ADDRESS	2018 SE 21 STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990

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02/08/06-80025-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Dale A Blow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-06(239)772-9354**

Date

Daytime Phone #