

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-17-2006 90342 038 ***150.00

DOCUMENT # P02000116698

1. Entity Name

JDV ENTERPRISES, INC



Principal Place of Business

260 PALM BLVD
MERRITT ISLAND FL 32952

Mailing Address

260 PALM BLVD
MERRITT ISLAND FL 32952

2. Principal Place of Business

4235 Lemon St
Suite, Apt. #, etc.

3. Mailing Address

4235 Lemon St
Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL

Zip 32926

Country U.S.

Zip 32926

Country U.S.

4. FEI Number

14-1853735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN ALSTINE, DAVID
~~260 PALM BLVD~~
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name VAN ALSTINE DAVID A.
Street Address (P.O. Box Number is Not Acceptable)

4235 Lemon St

City Cocoa

FL

Zip Code 32926

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 file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME VANALSTINE, DAVID A
STREET ADDRESS 260 PALM BLVD
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition
NAME Van Alstine Donna L.
STREET ADDRESS 4235 Lemon St
CITY-ST-ZIP Cocoa FL 32926

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

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

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

TITLE ☐ Change ☐ Addition
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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Van Alstine

4-7-06 321-322-9758

Date

Daytime Phone #