


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90013 036 ***158.75

DOCUMENT # P02000130286 1. Entity Name JD AUTOMOTIVE AND MARINE, INC.					
Principal Place of Business 1681 CLOVER STREET PORT ST. LUCIE, FL 34953				Mailing Address 1409 SW BILTMORE STREET PORT ST. LUCIE, FL 34953	
2. Principal Place of Business - No P.O. Box # 1681 SW CLOVER STREET				3. Mailing Address 1681 SW CLOVER STREET	
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 	
City & State PORT SAINT LUCIE FLORIDA				City & State PORT SAINT LUCIE	
Zip 34953				Zip 34953	
Country SAINT LUCIE				Country SAINT LUCIE	
4. FEI Number 02-0676236				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DZIEDZIC, JOANNE 1681 SW CLOVER STREET PORT ST. LUCIE, FL 34953				7. Name and Address of New Registered Agent 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 <u>Joanne Dziedzic</u> JOANNE DZIEDZIC JULY 7TH 2008 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DZIEDZIC, JOANNE 1681 SW CLOVER STREET PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Joanne Dziedzic</u> JOANNE DZIEDZIC JULY 7TH 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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