

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000041006

1. Entity Name
JDC EDUCATIONAL ENTERPRISES, INC.



Principal Place of Business
**3423 ISLANDER WAY
JACKSONVILLE, FL 32223**

Mailing Address
**3423 ISLANDER WAY
JACKSONVILLE, FL 32223**



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 74-3088157 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CHAPMAN, JAMES A
3423 ISLANDER WAY
JACKSONVILLE, FL 32223**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P,D CHAPMAN, JAMES A 3423 ISLANDER WAY JACKSONVILLE, FL 32223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HANSEN, DEBORAH R 3423 ISLANDER WAY JACKSONVILLE, FL 32223 |
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04/20/05-80022-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

SIGNATURE:

James A. Chapman
James A. Chapman

Date

Daytime Phone #

4-19-05 904-260-3330