

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000054614

1. Entity Name

JDC PROPERTY HOLDINGS, INC.



FILED

04 OCT 27 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1600 WEST EAU GALLIE BLVD.
MELBOURNE FL 32934

Mailing Address

1600 WEST EAU GALLIE BLVD.
MELBOURNE FL 32934

2. Principal Place of Business

134 Fifth Avenue

Suite, Apt. #, etc.

206

City & State

Indialantic FL

Zip

32903

Country

USA

3. Mailing Address

134 Fifth Avenue

Suite, Apt. #, etc.

206

City & State

Indialantic FL

Zip

32903

Country

USA

REINSTATEMENT

MOORE

CR2E034 (4/04)

04

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEK, DAVID-H
1301 RIVERPLACE BOULEVARD
SUITE 1609
JACKSONVILLE FL 32207

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/2/04

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLEJOHN, SUSAN	
STREET ADDRESS	1600 WEST EAU GALLIE BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRAWAY, ZANDER	
STREET ADDRESS	1600 WEST EAU GALLIE BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLINGER, WILLIAM D III	
STREET ADDRESS	2700-A NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSS, WILLIAM F	
STREET ADDRESS	2700-A NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pitt-John, Susan	
STREET ADDRESS	134 Fifth Avenue Suite 206	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE	Carraway Zander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	134 Fifth Avenue Suite 206	
STREET ADDRESS	Indialantic, FL. 32903	
CITY-ST-ZIP	32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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10/27/04--01019--008 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7/27/04

Date

321-953-3481

Daytime Phone #