

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90027 006 \*\*\*150.00

**DOCUMENT # P03000114627**

1. Entity Name

J P D CONSTRUCTION COMPANY



Principal Place of Business

9806 HOPKINS LANE  
YOUNGSTOWN FL 32466

Mailing Address

9806 HOPKINS LANE  
YOUNGSTOWN FL 32466

2. Principal Place of Business

9806 Hopkins Lane  
Suite, Apt. #, etc.

3. Mailing Address

9806 Hopkins Lane  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Youngstown FL  
Zip 32466 Country Bay

City & State

Youngstown FL  
Zip 32466 Country Bay

4. FEI Number

20-0283193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, MICHAEL  
2335 E BALDWIN ROAD  
PANAMA CITY FL 32404-5801

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, 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**  
**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 PT ☐ Delete  
NAME PORTER, JIMMY  
STREET ADDRESS 3822 BUNYON DRIVE  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE V ☐ Delete  
NAME PORTER, PHILLIP  
STREET ADDRESS 9806 HOPKINS LANE  
CITY-ST-ZIP YOUNGSTOWN FL 32466

TITLE S ☐ Delete  
NAME LENORD, DANIEL  
STREET ADDRESS 9812 HOPKINS LANE  
CITY-ST-ZIP YOUNGSTOWN FL 32466

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 ☐ 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

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 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:

*Phillip Porter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-05

Date

850-722-0297

Daytime Phone #