

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000126033**

1. Entity Name  
**JD & SONS, INC.**



Principal Place of Business  
**3323 TURNBERRY LANE  
LAKELAND, FL 33803**

Mailing Address  
**3323 TURNBERRY LANE  
LAKELAND, FL 33803**



03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0363070**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BULLARA, JOSEPH P  
3323 TURNBERRY LANE  
LAKELAND, FL 33803**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000866056

04/08/08-80014-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BULLARA, JOSEPH P
STREET ADDRESS	3323 TURNBERRY LANE
CITY - ST - ZIP	LAKELAND, FL 33803

TITLE	STD
NAME	BOSKO, DONALD A
STREET ADDRESS	5080 HANOVER LANE
CITY - ST - ZIP	LAKELAND, FL 33813

TITLE	V
NAME	BULLARA, RYAN JAMES
STREET ADDRESS	3323 TURNBERRY LANE
CITY - ST - ZIP	LAKELAND, FL 33803

TITLE	V
NAME	BULLARA, IRENE R
STREET ADDRESS	3323 TURNBERRY LANE
CITY - ST - ZIP	LAKELAND, FL 33803

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-19-08**

Date

**863-533-8281**

Daytime Phone #