


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000016789	
1. Entity Name JDC FAMILY ENTERPRISES, INC.	

Principal Place of Business 23271 WEATHERMAN AVE PORT CHARLOTTE FL 33954 US	Mailing Address 23271 WEATHERMAN AVE PORT CHARLOTTE FL 33954
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 20-0621860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARTER, JAMES D 23271 WEATHERMAN AVE PORT CHARLOTTE FL 33954		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, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PV <input type="checkbox"/> Delete	NAME CARTER, JAMES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23271 WEATHERMAN AVE	CITY-ST-ZIP PORT CHARLOTTE FL 33954	NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  **James D. Carter** **4-6-2007** **941-626-1562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #