

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

06-22-2006 90001 031 \*\*\*150.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P04000029798</b>  |   |   |  |   |  |
| <b>1. Entity Name</b><br>JDMF PROPERTIES, INC.  |   |   |  |   |  |
| <b>Principal Place of Business</b><br>1369 40TH AVENUE NE<br>ST. PETERSBURG, FL 33703 US  |   |   | <b>Mailing Address</b><br>1369 40TH AVENUE NE<br>ST. PETERSBURG, FL 33703 US |   |  |
| <b>2. Principal Place of Business</b><br>8047 Stine Ave. N.<br>Suite, Apt. #, etc.  |   | <b>3. Mailing Address</b><br>Same<br>Suite, Apt. #, etc.  |  |   |  |
| <b>City &amp; State</b><br>St. Petersburg FL  |   | <b>City &amp; State</b><br>Fla.   |  | <b>4. FEI Number</b><br>54-2145917  |  |
| <b>Zip</b><br>33710   |   | <b>Country</b><br>USA   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>FISCHER, JAMES W<br>1369 40TH AVENUE NE<br>ST. PETERSBURG, FL 33703   |   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name: Debra L. Fischer<br>Street Address (P.O. Box Number is Not Acceptable): 8047 Stine Ave. N.<br>City: St. Petersburg FL Zip Code: 33710 |  |
| <b>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.</b><br>SIGNATURE: <u>Debra L. Fischer</u> <u>Debra L. Fischer</u> <u>6/16/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                 |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | FISCHER, JAMES W: <input type="checkbox"/> Delete<br>1369 40TH AVENUE NE<br>ST. PETERSBURG, FL 33703      |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | 8047 Stine Ave. N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>St. Petersburg, Fla 33710  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | VS <input type="checkbox"/> Delete<br>FISCHER, DEBRA L<br>1369 40TH AVENUE NE<br>ST. PETERSBURG, FL 33703 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | 8047 Stine Ave. N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>St. Petersburg, Fla 33710  |  |
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| <b>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.</b> |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>Debra L. Fischer</u> <u>Debra L. Fischer</u> <u>727-381-6000</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |   |  |