


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 15, 2005 8:00 am
Secretary of State

07-15-2005 90018 003 ***150.00

DOCUMENT # P04000068392			
1. Entity Name J. D. INTERNATIONAL HOMES, INC.			
Principal Place of Business 3659 DONNA STREET PORT ORANGE, FL 32129 US		Mailing Address 3659 DONNA STREET PORT ORANGE, FL 32129 US	
2. Principal Place of Business 3659 Donna St. Suite, Apt. #, etc.		3. Mailing Address 3659 Donna St. Suite, Apt. #, etc.	
City & State Port Orange FL		City & State Port Orange FL	
Zip 32129	Country Volusia	Zip 32129	Country Volusia
4. FEI Number 20-1054879		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 GODDARD, JONI L 3659 DONNA STREET PORT ORANGE, FL 32129		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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODDARD, JONI L 3659 DONNA STREET PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GODDARD, DARRELL W 3659 DONNA STREET PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Joni Goddard</i>		07-11-05 (386) 322-5510	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	