2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P04000076853 1. Entity Name J & D PROPERTIES OF TAMPA, INC. Principal Place of Business Mailing Address P.O. BOX 717 2712 MOCK ORANGE CT VALRICO, FL 33595 VALRICO, FL 33594 CR2E034 (11/05) 04052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1167692 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, JAMES C JR. DO NOT WRITE 2712 MOCK ORANGE CT VALRICO, FL 33594 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable. INDIE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WILLIAMS, JAMES CJR. 2712 MOCK ORANGE CT STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME WILLIAMS, DEBRA D 2712 MOCK ORANGE CT STREET APPRESS CITY-ST-ZIP VALRICO, FL 33594 NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-DE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 it made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 SPINE OF SIGNING OFFICER

NAME STREET ADDRESS CITY-ST-ZIP

LEARN TO JAMES C. WILLIAMS JE

4/6 (06

Daytime Phone #

FILED