


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000078252
 1. Entity Name
 J & D SIGNS, INC.



Principal Place of Business 14 BLANDING BLVD ORANGE PARK, FL 32073	Mailing Address 14 BLANDING BLVD ORANGE PARK, FL 32073
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01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3719246	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent
 J & D SIGNS DBA SIGN-A-RAMA
 14 BLANDING BLVD
 ORANGE PARK, FL 32073

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. RICCIARDELLI, JOESPH J SECY 2445 STONEY GLEN DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS. RICCIARDELLI, DONNA L PRES 2445 STONEY GLEN DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/01/06-80035-022 150.00

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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: Donna Ricciardelli 1-21-06 904-272-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #