


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State


05-02-2006 90428 041 ***150.00

DOCUMENT # P04000091093		
1. Entity Name J & D MOUNT DORA MAINTENANCE, INC.		

Principal Place of Business 836 MARY FRANK COURT MT. DORA, FL 32757	Mailing Address 836 MARY FRANK COURT MT. DORA, FL 32757
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

400000000



04272006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1015916	Applied For 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	
RAMIREZ SILVA, JOSHUA W 836 MARY FRANK COURT MT. DORA, FL 32757		Name <u>Ramirez Silva Joshua W</u> Street Address (P.O. Box Number is Not Acceptable) <u>836 MARY FRANK CT</u> City <u>MT DORA</u> FL Zip Code <u>32757</u>	

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 Joshua H. Ramirez (NOTE: Registered Agent signature required when reappointing) DATE 04/29/2006

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, JOSHUA 836 MARY FRANK COURT MT. DORA, FL 32757 <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	VD RAMIREZ, DAYSI 836 MARY FRANK COURT MT. DORA, FL 32757 <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 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: Joshua H. Ramirez Joshua H. Ramirez 04/29/2006 352 2233779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #