


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000135819**  
1. Entity Name  
JDE'S SOUTHLAND PLANTATION, INC.



Principal Place of Business      Mailing Address  
151 SE LAKESHORE DRIVE      151 SE LAKESHORE DRIVE  
MADISON, FL 32340              MADISON, FL 32340

**DO NOT WRITE IN THIS SPACE**



03272007    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-1681104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
DAVIS, HENRY NUNN  
151 SE LAKESHORE DRIVE  
MADISON, FL 32340

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	P DAVIS, HENRY NUNN 151 SE LAKESHORE DRIVE MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS SAUNDERS, LYNNE 151 SE LAKESHORE DRIVE MADISON, FL 32340
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U00000734198  
05/09/07-80115-014 150.00

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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:       4-23-07    973-2215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #