

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90014 029 \*\*\*150.00

**DOCUMENT # P05000066492**

1. Entity Name

J.D. GAS STATION, INC.



Principal Place of Business

2907 SAN REMO CIRCLE  
HOMESTEAD FL 33030

Mailing Address

2907 SAN REMO CIRCLE  
HOMESTEAD FL 33030

2. Principal Place of Business

2200 NW 79<sup>TH</sup> ST

Suite, Apt. #, etc.

3. Mailing Address

2200 NW 79<sup>TH</sup> Street

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

760800552

Applied For

Not Applicable

Zip

33147

Country

Dade

Zip

33147

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORTIMER, JEAN JOSE  
2907 SAN REMO CIRCLE  
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name  
MORTIMER Jean Jose  
Street Address (P.O. Box Number is Not Acceptable)  
24242 SW 107<sup>TH</sup> AVE

City

HOMESTEAD

FL

Zip Code

33032

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03 01 06

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P,VP  
MORTIMER, JEAN J  
STREET ADDRESS  
694 NE 167 ST  
CITY-ST-ZIP  
NORTH MIAMI BEACH FL 33162 ☒ Delete

TITLE  
NAME  
MORTIMER Jean Jose  
STREET ADDRESS  
24242 SW 107<sup>TH</sup> AVE  
CITY-ST-ZIP  
Homestead FL 33032 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 01 06