

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000163426

1. Entity Name
JJDECA, INC.



Principal Place of Business
3691 CROW CANYON ROAD
SAN RAMON, CA 94582 US

Mailing Address
3691 CROW CANYON ROAD
SAN RAMON, CA 94582 US

FILED

Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3991405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME TRUITT, JAMES L
STREET ADDRESS 3691 CROW CANYON ROAD
CITY-ST-ZIP SAN RAMON, CA 94582

TITLE VP
NAME TRUITT, DENISE L
STREET ADDRESS 3691 CROW CANYON ROAD
CITY-ST-ZIP SAN RAMON, CA 94582

TITLE S
NAME TRUITT, CAREY L
STREET ADDRESS 3691 CROW CANYON ROAD
CITY-ST-ZIP SAN RAMON, CA 94582

TITLE T
NAME TRUITT, JAMES L JR.
STREET ADDRESS 3691 CROW CANYON ROAD
CITY-ST-ZIP SAN RAMON, CA 94582

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000954413
07/11/08-80013-009 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2008

Date

239-850-8516

Daytime Phone #