

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90029 031 ***150.00

DOCUMENT # P07000034541

1. Entity Name

J. D. PRICE, INC.



Principal Place of Business

121 SW STORY PLACE
LAKE CITY FL 32024

Mailing Address

121 SW STORY PLACE
LAKE CITY FL 32024



2. Principal Place of Business, No P.O. Box #

126 SW Stafford Ct

3. Mailing Address

PO Box 7420

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake

1st MOORE

CR2E034 (10/07)

City & State

Lake City FL

City & State

Lake City FL

4. FEI Number

64-0956A15

Applied For

Not Applicable

Zip

32024

Country

US

Zip

32055

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, JAMES D III
121 SW STORY PLACE
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name

PRICE JAMES D III

Street Address (P.O. Box Number is Not Acceptable)

126 SW Stafford CT

City

Lake City

FL

Zip Code

32024

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

4/21/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	P	<input type="checkbox"/> Delete
NAME	PRICE, JAMES D III	
STREET ADDRESS	121 SW STORY PLACE	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	PRICE, JANICE F	
STREET ADDRESS	121 SW STORY PLACE	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Price James D III	address only
STREET ADDRESS	126 Stafford CT	
CITY-ST-ZIP	Lake City FL 32024	
TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Price Janice F	address only
STREET ADDRESS	126 Stafford Ct	
CITY-ST-ZIP	Lake City FL 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Janice F. Price VPST 4/21/08

Date

Daytime Phone #

386-365-7618