

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078850

Entity Name: JDKD RECOVERY, INC.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

439 NORTH LAKE STREET  
STARKE, FL 32091

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 522  
STARKE, FL 32091

## New Mailing Address:

FEI Number: 33-1172650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANCIS, CHARLENE H  
439 NORTH LAKE STREET  
STARKE, FL 32091 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVPT ( ) Delete  
Name: FRANCIS, JOHN D  
Address: 439 NORHT LAKE STREET/ PO BOX 522  
City-St-Zip: STARKE, FL 32091

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPT (X) Change ( ) Addition  
Name: FRANCIS, JOHN D  
Address: 439 NORTH LAKE STREET/ PO BOX 522  
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FRANCIS

P

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date