

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000082552

FILED  
Dec 10, 2009  
Secretary of State

Entity Name: JD & ASSOCIATES OF SWFL INC

## Current Principal Place of Business:

1502 MIRAMAR ST  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

## Current Mailing Address:

1502 MIRAMAR ST  
CAPE CORAL, FL 33904 US

## New Mailing Address:

FEI Number: 26-0564725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARA, BEATRICZ  
823 SW 28TH TERRACE  
CAPE CORAL, FL 33914 US

## Name and Address of New Registered Agent:

LARA, BEATRICZ  
1502 MIRAMAR ST  
CAPE CORAL, FL 33904 US

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: BEATRIZ LARA

12/10/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LARA, BEATRICZ  
Address: 823 SW 28TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP ( ) Delete  
Name: WILLIAMS, JACQUELINE A  
Address: 1158 N FRANKFORT AVE  
City-St-Zip: TULSA, OK 74106 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LARA, BEATRICZ  
Address: 1502 MIRAMAR ST  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, JACQUELINE A  
Address: 1502 MIRAMAR ST  
City-St-Zip: CAPE CORAL, FL 33904 US

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: JACKIE WILLIAMS

VP

12/10/2009

Electronic Signature of Signing Officer or Director

Date