

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27636

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: JBD COMMUNICATIONS, INC.

**Current Principal Place of Business:**

6050-6 MONCRIEF RD  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

**Current Mailing Address:**

6050-6 MONCRIEF RD  
JACKSONVILLE, FL 32209 US

**New Mailing Address:**

FEI Number: 58-1865918      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAIDEN, DEBORAH L.  
10172 GLENNFIELD CT  
JACKSONVILLE, FL 32221 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: P ( ) Delete  
Name: MAIDEN, DEBORAH L.,  
Address: 10172 GLENNFIELD CT  
City-St-Zip: JACKSONVILLE, FL 32221

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: POSTELL, KELVIN C  
Address: 6383 LAKE PLANTATION DR.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Change (X) Addition  
Name: RHODES, FREDDIE  
Address: 1152 BERTHA ST.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC ( ) Change (X) Addition  
Name: RUSS, YOLANDA C  
Address: 319 W. 17TH ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: TREA ( ) Change (X) Addition  
Name: JONES, KAREN D  
Address: 2904 PLUM ORCHARD DR.  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH L. MAIDEN

PRES

04/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date