


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P28040	
1. Entity Name J.M.D. ENTERPRISES, INC. OF CALIFORNIA	

Principal Place of Business 2156 N MAIN ST WALNUT CREEK, CA 94596 US	Mailing Address 2156 N MAIN ST WALNUT CREEK, CA 94596 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0196415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REITZ, JOANNE 4656 SWILCAN BRIDGE LANE S. JACKSONVILLE, FL 32224

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000019145 01/29/04-80013-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVANNES, DIANNE 340 GOLF BROOK CIR #104 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REITZ, JOANNE 4656 SWILCAN BRIDGE LANE S. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORE, MICHAEL 18232 ANDOVER STREET EDMONDS, WA 98026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: <i>Dianna Chavannes</i> <i>Dianna Chavannes</i> <i>pres.</i>	Date <i>1-22-04</i>	Daytime Phone # <i>407-771-0063</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		