

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 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**



02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0196415

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REITZ, JOANNE
4656 SWILCAN BRIDGE LANE S.
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000874759
04/11/08-80005-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAVANNES, DIANNE
STREET ADDRESS	3469 ROCKCLIFF PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VSD
NAME	REITZ, JOANNE
STREET ADDRESS	4656 SWILCAN BRIDGE LANE S.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	TD
NAME	GORE, MICHAEL
STREET ADDRESS	10226 MARINE VIEW DR
CITY-ST-ZIP	MUKILTEO, WA 98275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dianne Chavannes Dianne Chavannes 3-26-08 9259356862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #