

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90037 001 ***158.75

DOCUMENT # P93000000552

1. Entity Name

J.D. FITZGERALD ENTERPRISES, INC.



Principal Place of Business

210 3RD AVENUE
MELBOURNE BEACH FL 32951
US

Mailing Address

210 3RD AVENUE
MELBOURNE BEACH FL 32951
US

2. Principal Place of Business

3. Mailing Address

PO Box 510092

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne Beach FL

Zip

Country

Zip

32951

Country

USA

4. FEI Number

59-3159254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, JILL
217 TAUNTON ROAD SW
PALM BAY FL 32908

Name

J. David Fitzgerald

Street Address (P.O. Box Number is Not Acceptable)

210 Third Ave

City

Melbourne Beach

FL

Zip Code

32951

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 J. David Fitzgerald
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, JILL	
STREET ADDRESS	210 3RD AVENUE	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FITZGERALD, J. DAVID	
STREET ADDRESS	210 3RD AVENUE	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: J. David Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05 321-480-2682
Date Daytime Phone #