2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # P93000055385 **Secretary of State** 1. Entity Name J.L.D. INC. OF SEMINOLE Principal Place of Business Mailing Address 14230 80TH AVENUE N. SEMINOLE FL 33776 14230 80TH AVENUE N. SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3197522 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINDA L DANEHY Street Address (P.C. Box Number is Not Acceptable) 14230 80TH AVE N SEMINOLE FL 33776 Zip Code City 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. Signature Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition 337LE ST ☐ Defete SILE NAME MAME DANEHY, JOHN C U00000416178 02/13/06-20005-007 [50.00 STREET ADDRESS 14230 80TH AVE N STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33776 CHY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THE MARKE MAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-SI-ZIP THICE ☐ Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-79 Delete ☐ Change Addition TRILE nntNAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-IN Octete TITLE □ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition nnFTHEE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZTP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE: .

Jehn Nonety

1-26-06

727-398-2947

FILED