


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000028689	
1. Entity Name J. D. M. BUILDERS INC.	

Principal Place of Business 5225 SW 18TH AVE CAPE CORAL FL 33914	Mailing Address 5225 SW 18TH AVE CAPE CORAL FL 33914
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0485985	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTER, JACK C JR 5225 SW 18TH AVE CAPE CORAL FL 33914	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME CARTER, JACK C JR	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5225 SW 18TH AVE.	CITY - ST - ZIP CAPE CORAL FL 33914	STREET ADDRESS	CITY - ST - ZIP
TITLE VP <input type="checkbox"/> Delete	NAME GARRERSON, CHARLES	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS 5225 SW 18TH AVE.	CITY - ST - ZIP CAPE CORAL FL 33914	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP	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)(f), 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. Carter (Pres.) 2/9/04 239-671-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #