

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082484

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: JDL ENTERPRISES OF TAMPA, INC.

## Current Principal Place of Business:

1913 N. NEBRASKA AVE.  
TAMPA, FL 33602

## New Principal Place of Business:

1913 N. NEBRASKA AVE.  
TAMPA, FL 33602 US

## Current Mailing Address:

3229 W. GROVE ST.  
TAMPA, FL 33614

## New Mailing Address:

1913 N. NEBRASKA AVE.  
TAMPA, FL 33602 US

FEI Number: 59-3284348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARR, DAVID M  
600 MADISON ST  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

CARR, DAVID M RA  
501 N. MORGAN STREET  
203  
TAMPA, FL 33602 US

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.

SIGNATURE: DAVID M. CARR

04/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOREJON, DAVID  
Address: 3229 W. GROVE ST.  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MOREJON, DAVID DP  
Address: 3229 W. GROVE ST.  
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MOREJON

PRES

04/11/2009

Electronic Signature of Signing Officer or Director

Date