2004 FOR PROFIT CORPORATION

ANNUAL REPORT

J. & D. INVESTMENT GROUP, INC.

DOCUMENT # P94000090672



FILED Feb 20, 2004 8:00 am Secretary of State 02-20-2004 90003 007 ***150.00

					100						
Principal Place of Business Mailing Address											
	41, SUITE 203 INGS, FL 3413	4 US		28441 U.S. 41, SUITE 203 BONITA SPRINGS, FL 33923				540	08945)	
			_								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062004	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Numbe 65-0488				plied For t Applicable	
Zip	Country		Zip	Zip Country			of Status Desired		8.75 Add	itional	
. .	6. Name an	d Address of Current	Registered Agent		-	7. Name and	Address of New R				1
					Name				-		
WEST, PAMELIA J. 28441 U. S. 41 #203 BONITA SPRINGS, FL 34134					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code)	
	named entity stions of registere		or the purpose of changing	g its registere	ed office or r	egistered agent, or bot	h, in the State of Flo	rida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature broad or r	printed name of registered agent	and title it anniveable	/NOTE: Pagietora	Acest eigentur	e required when reinstating)		DATE			
	Signatore, typed or p	onined name of registered agent	али ще п аррясаве.	(1401E, negistere	o Agent signaturi	redoired when remstating)		L DATE			-
		EE IS \$150.00 Fee will be \$550.0	9. Election Car Trust Fund (mpaign Finar Contribution.	icing	\$5.00 May Be Added to Fees	₹	•			
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	CDPT		☐ Delete	TITL	.	· · ·			Change	☐ Addition	
NAME STREET ADDRESS	WEST, PAM	IELIA J. 41, SUITE 203		NAM STRE	E ET ADDRESS						
CITY-ST-ZIP		RINGS, FL 34134			-ST-ZIP						
TITLE	V		☐ Delete	TITLI					☐ Change	Addition	
NAME	WEST, DAV			NAM							
STREET ADDRESS CITY-ST-ZIP	28441 U. S.	41 #203 RINGS, FL 34134			ET ADDRESS -ST-ZIP						
TITLE	DOMINAGE	141400,112 04104	☐ Delete	TITL					☐ Change	Addition	_
NAME			- Delete	NAM							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	ļ		☐ Delete	TITL	-ST-ZIP				☐ Change	Addition	-
NAME			∟ Delete	NAM	[☐ Change	☐ Addition	
STREET ADDRESS				STRE	ET ADDRESS		74 T				
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE	SHOWEN STREET	e Anna de Santa de Companyon de la companyon d	☐ Delete	TITLI NAM		* 1.4 * 41	· * *,		☐ Change	☐ Addition	
NAME STREET ADDRESS (CITY ST ZIP				NAM STRE	ET ADDRESS ST-ZIP						7.7
TITLE		The second secon	☐ Delete	TITL			A CHANGE SHE THE MINISTER ARTHUR	E PARESTIS LIMES	☐ Change	Addition	_ CAN
NAME			— - -	NAM	E				•	-	
STREET ADDRESS	1				ET ADDRESS		-				
CITY-ST-ZIP	1			CITY	-ST-ZIP						1

inerepy certify that the information supplied with this filling 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 coefficient 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR