

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000073958

1. Entity Name
J.D. CHIPS, INC.



FILED
Jan 30, 2004 08:00 AM
Secretary of State

Principal Place of Business
10230 ATLANTIC BLVD.
#11
JACKSONVILLE, FL 32225

Mailing Address
10230 ATLANTIC BLVD.
#11
JACKSONVILLE, FL 32225



DO NOT WRITE IN THIS SPACE

01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3335623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINSOR PARKER
10230 ATLANTIC BLVD. #11
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD DOUGLAS, JOHN D III 7655 FAWN LAKE DR., NORTH JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD PARKER, WINSOR W JR. 3540 HIDDEN LAKE DRIVE EAST JACKSONVILLE, FL 32256
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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: WINSOR W. PARKER, JR 21 JAN 04 904.720.0774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MOON - 7 PM E.S.T.