

2005 FOR PROFIT CORPORATION

Feb 21, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P95000090418** 02-21-2005 90084 028 ***150.00 1. Entity Name JD PROPERTIES, INC. Principal Place of Business . Mailing Address 1443 BUCKWOOD DRIVE 1443 BUCKWOOD DRIVE ORLANDO, FL 32806 ORLANDO, FL 32806 .2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 CR2E034 (10/03) Chg-P City & State City & State 4 FELNumber Applied For 59-3352511 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUDNEY, D S Street Address (P.O. Box Number is Not Acceptable) 1443 BUCKWOOD DR ORLANDO, FL 32806 City 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. Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Defete TITLE DOUDNEY, DOUGLAS S NAME NAME 1443 BUCKWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ORLANDO, FL 32806 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.) changed, or on an attachment with an address, with all other

CITY+ST-7/P

TITLE

NAME STREET ADDRESS

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

☐ Delete

Daytime Phone #

☐ Change

■ Addition

FILED