


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000021710

1. Entity Name
 J D OF SOUTH FLORIDA ENTERPRISE, INC.



Principal Place of Business 1424 NE 22ND AVE CAPE CORAL, FL 33909	Mailing Address 1424 NE 22ND AVE CAPE CORAL, FL 33909
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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0645956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURHAM, JOSEPH SR
 1424 NE 22ND AVE
 CAPE CORAL, FL 33909

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D DURHAM, JOSEPH SR 1424 NE 22ND AVE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, RUTH A 1424 NE 22ND AVE CAPE CORAL, FL 33909
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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: Ruth A Durham, Pres. Date: 4-9-05 239-772-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #