


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 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

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0645956

Applied For
Not Applicable

5. Certificate of Status Desired **\$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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DURHAM, JOSEPH SR
STREET ADDRESS	1424 NE 22ND AVE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	D
NAME	DURHAM, RUTH A
STREET ADDRESS	1424 NE 22ND AVE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/06-80011-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. 4-1-06 - 239 - 772-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #