

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 049 ***150.00

DOCUMENT # P97000031279

1. Entity Name

JED ENTERPRISES, INC.



Principal Place of Business

3325 GRIFFIN RD
FORT LAUDERDALE FL 33312

Mailing Address

2901 CLINT MOORE RD #2
BOCA RATON FL 33496
US

** change address*



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10097 Cleary Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

Plantation, FL

33324

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0757027

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEDLESTON, JOE
7013 NW 99 WAY
FORT LAUDERDALE FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME HEDLESTON, JOE
STREET ADDRESS 2901 CLINTMOORE RD
CITY-STATE-ZIP BOCA RATON FL 33496

TITLE P ☐ Delete
NAME ~~Hedleston, Joe~~
STREET ADDRESS ~~10097 Cleary Blvd~~
CITY-STATE-ZIP ~~Plantation FLA 33324~~

TITLE P ☐ Delete
NAME Hedleston, Joe
STREET ADDRESS 7013 NW 99 Way
CITY-STATE-ZIP Fort Lauderdale, FL 33321

TITLE ☐ Delete
NAME
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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joe Hedleston

Joe Hedleston

2/25/08 954-701-1013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption From Fee