~~2004~~ FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000050915

1. Entity Name
JD METAL DECKS, INC.

Principal Place of Business	Mailing Address
4158 LADO DR. ZEPHYRHILLS, FL 33543	4158 LADO DR. ZEPHYRHILLS, FL 33543

DO NOT WRITE IN THIS SPACE

04082004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3457027	Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, DAROLD R
4158 LADO DR.
ZEPHYRHILLS, FL 33543-5915

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 _____

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, 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	P	
NAME	DAROLD R SIMMONS	
STREET ADDRESS	4158 LADO DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	
TITLE	ST	
NAME	LOIS B SIMMONS	
STREET ADDRESS	4158 LADO DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _____ VP   2-14-04   8137827933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #