2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # P97000050915 1. Entity Name JD METAL DECKS, INC.					0.	4-28-2006 90	180 044 ***	150.00)
Principal Place	Mailing Address	Address		41	JUUJUVV	•			
4158 LADO [4158 LADO DR.							
ZEPHYRHILLS, FL 33543		ZEPHYRHILLS, FL 33543							
_									
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072006	04072006 Chg-P CR2E034 (11/05)			
City & State		City & State			4. FEI Number 59-3457027			Applied For Not Applicable	
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent			7. Name and A	ddress of New R	legistered Agent		
				Name Lois B Simmons					
SIMMONS, DAROLD R 4158 LADO DR.				Street Address (P.O. Box Number is Not Acceptable)					
	ILLS, FL 33543-5915			41.	58 Lad	22/7/2			
	,			City Zephyrhus		hilis	335 <u>43</u>		
9 The above	named active submits this statement	ragistar		tored agent or both	in the State of Eli	FL	·		
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. The obligations of registered agent. SIGNATURE SIGNATURE							4-7-		
	Signature, typed or printed name of registered age	ent and title if applicable (NO	TE: Registere	d Agent signature raqu	ired when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	T	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIR		
TITLE NAME			TITLE	!				Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZiP	-/-/-			_	
TITLE NAME	ST Delete TITI			. 1	15/	n mans		Change	Addition
STREET ADDRESS				ET ADDRESS	015 B. 311	00-	·		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543 Cr		CITY	-ST-ZIP 2	015 B. Sin 158 Lado Lephyrhil	15,71	33543		
TITLE NAME		Delete	TITL! NAM					Change	Addition
STREET ADDRESS				ET ADDRESS LA	icob D. Siv 158 Lado ephychil	DC.			
CITY-ST-ZIP			CITY	-ST-ZIP 2	ephychil	115 71	<u> 33543</u>		
TITLE		☐ Delete	TITL	t	~ 1			Change	Addition
NAME STREET ADDRESS			NAM STRE	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	1				Change	☐ Addition
NAME STREET ADDRESS			NAM STRI	eet address					
CITY-ST-ZIP				'-ST-ZIP					
TITLE		☐ Delcte	TITL					Change	Addition
NAME CIDEET ANNDECC			NAM	ie Eet address					
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP					
12 Lhereby	certify that the information supplied v	with this filing does not qualify	for the ex	emptions contai	ned in Chapter 119.	Florida Statutes.	I further certify th	hat the in	nformation

Indicated on this report or supplied with that I may goes not quality for the exemptions contained in Chapter 19, Florida Statutes. Floring Certify that the indicated on this report or suppliemental 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.

GNATURE:

4-7-06

813

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7933

SIGNATURE: