2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR

FILED Mar 12, 2004 8:00 am DOCUMENT # P98000010418 **Secretary of State** 1. Entity Name 03-12-2004 90045 048 ***150.00 J.D. III PROPERTIES, INC. Principal Place of Business Mailing Address (18:NE 22ND AVE (18 NE 22ND AVE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 Mailing Address CR2E034 (11/03) 4. FEI Number Applied For 33062 65-0813386 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee_Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOGEL, MITCHELL C Street Address (P.O.Box Number is Not 2499 GLADES ROAD SUITE 105 **BOCA RATON FL 33431** City 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, the obligations of registered agent. JONN W. Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE **Change** Addition TITLE DAVIS, JOHN III NAME NAME 18 NE 22ND AVE STREET ADDRESS' STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employered 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