

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000062407**

1. Entity Name

J.D. LODEN FINANCIAL SERVICES, INC.



Principal Place of Business

201 8TH STREET SOUTH, STE. 207  
SUITE 306  
NAPLES, FL 34102

Mailing Address

201 8TH STREET SOUTH, STE. 207  
SUITE 306  
NAPLES, FL 34102



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3523948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S  
985 COLLIER BLVD  
MARCO ISLAND, FL 34145

**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 LODEN, JOHN D  
STREET ADDRESS 201 8TH STREET S, SUITE 306  
CITY - ST - ZIP NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000010737  
01/23/04-80009-019 150.00

**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 prior like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D Loden

Date

1-20-04

239-430-0104

Daytime Phone #