


FILED
Jul 05, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000068455 1. Entity Name SJD ASSOCIATES, INC.			
Principal Place of Business 4905 34TH ST. SO., SUITE 321 ST. PETERSBURG, FL 33711		Mailing Address 4905 34TH ST. SO., SUITE 321 ST. PETERSBURG, FL 33711	
DO NOT WRITE IN THIS SPACE			
			
		06292005 No Chg-P CR2E034 (10/03)	
4. FEI Number 86-0440433		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICENSO, STEPHEN 4905 34TH ST. SO., SUITE 321 ST. PETERSBURG, FL 33711		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 <u>Marie De Cenzo</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		<div>U000000370820 07/05/05-80031-014 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DICENSO, STEPHEN 4905 34TH ST S. #321 ST PETERSBURG, FL 33711		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DICENSO, MARIE 4905 34TH ST S. #321 ST PETERSBURG, FL 33711		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 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: <u>Marie De Cenzo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			