


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000086895	
1. Entity Name J AND D PROPERTIES OF OKALOOSA COUNTY, INC.	

Principal Place of Business 7165 BLUE JACK DR NAVARRE, FL 32566	Mailing Address 7165 BLUE JACK DR NAVARRE, FL 32566
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02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3608792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLEMAN, JAMES M 7165 BLUE JACK DR NAVARRE, FL 32566	
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, JAMES M 7165 BLUE JACK DR NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD COLEMAN, DOLORES 7165 BLUE JACK DR NAVARRE, FL 32566
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02/27/04-80037-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Dolores Coleman</i> DOLORES COLEMAN	Date 2-12-04	Daytime Phone # (850) 936-1600
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