


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S51232
 1. Entity Name
 BJD ENTERPRISES, INC.



Principal Place of Business
 P O BOX 813
 WAUCHULA, FL 33873

Mailing Address
 P O BOX 813
 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0264046

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, MARY J.
 182 BOYD COWART ROAD
 WAUCHULA, FL 33873

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	P MCLEOD, MARY JANE P.O. BOX 813 182 BOYD COWART RD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCLEOD, BURTON D SR P.O. BOX 813 182 BOYD COWART RD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCLEOD, BURTON JR 182 BOYD COWART RD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Mary Jane M. Leod* *Mary Jane McLeod* 4-26-04 863-773-6195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #