


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

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



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



04142005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 MCLOOD, 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000344260  
 04/29/05-20128-013 158.75

**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)(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 empowerers.

SIGNATURE: *Mary Jane McLeod*      MARY JANE MCLEOD      4-25-05      863-772-6195  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #