


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 Applied For
65-0264046 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000344260
 04/29/05-20128-013 158.75

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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)(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 #