

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51232

Entity Name: BJD ENTERPRISES, INC.

FILED  
Jan 24, 2007  
Secretary of State

**Current Principal Place of Business:**

P O BOX 813  
WAUCHULA, FL 33873

**New Principal Place of Business:**

182 BOYD COWART RD.  
WAUCHULA, FL 33873

**Current Mailing Address:**

P O BOX 813  
WAUCHULA, FL 33873

**New Mailing Address:**

FEI Number: 65-0264046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCLEOD, MARY JANE  
Address: P.O. BOX 813 182 BOYD COWART RD  
City-St-Zip: WAUCHULA, FL

Title: VP ( ) Delete  
Name: MCLOOD, BURTON D SR  
Address: P.O. BOX 813 182 BOYD COWART RD  
City-St-Zip: WAUCHULA, FL

Title: S ( ) Delete  
Name: MCLEOD, BURTON JR  
Address: 182 BOYD COWART RD  
City-St-Zip: WAUCHULA, FL 33873

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSICA SMITH

ASSI

01/24/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date