## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# V53400

Entity Name: J.D.A. CONTRACTING CORP.

FILED Dec 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8830 SE ROBWYN ST HOBE SOUND, FL 33455 US

Current Mailing Address: New Mailing Address:

PO BOX 1906

HOBE SOUND, FL 334751906 US

FEI Number: 65-0351944 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DERIGO, JOHN 8830 SE ROBWYN ST HOBE SOUND, FL 33455 US

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: JOHN DERIGO

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DPT (X) Change ( ) Addition Name: DERIGO, SHEILA M Name: DERIGO, JOHN A Address: 7406 SE CRAIG ST Address: 7406 SE CRAIG ST

Address: 7406 SE CRAIG ST Address: 7406 SE CRAIG ST City-St-Zip: HOBE SOUND, FL City-St-Zip: HOBE SOUND, FL

Title: VTD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 DERIGO, JOHN A
 Name:
 DERIGO, SHEILA M

 Address:
 7406 SE CRAIG ST
 Address:
 7406 SE CRAIG STREET

 City-St-Zip:
 HOBE SOUND, FL
 City-St-Zip:
 HOBE SOUND, FL

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WINKLER, DILLARD
 Name:

 Address:
 3397 SW 18 ST
 Address:

 City-St-Zip:
 OKEECHOBEE, FL
 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: JOHN DERIGO DPT 12/18/2006