

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2008 08:00 AM  
Secretary of State

DOCUMENT # V55063

1. Entity Name  
J-KEDS DIVERSIFIED SERVICES, INC.



Principal Place of Business  
450 BURNETT RD  
COCOA, FL 32926

Mailing Address  
2202 MERCER  
COCOA, FL 32926



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3273823

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOINER, WILLIE H.  
2202 MERCER DR.  
COCOA, FL 32926

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JOINER, WILLIE H.
STREET ADDRESS	2202 MERCER DR.
CITY - ST - ZIP	COCOA, FL
TITLE	V
NAME	MITCHELL, MARY M
STREET ADDRESS	1514 CLEARLAKE RD. #55
CITY - ST - ZIP	COCOA, FL
TITLE	ST
NAME	JOINER, CHENITA
STREET ADDRESS	2202 MERCER DR.
CITY - ST - ZIP	COCOA, FL
TITLE	D
NAME	JOINER, JAMES P
STREET ADDRESS	889 SPIREA DR.
CITY - ST - ZIP	ROCKLEDGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000913173  
05/12/08 - 80017-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08