


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L38475 1. Entity Name DEBORAH JAMES ENTERPRISES, INC. |  |
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| Principal Place of Business 1843 NW 124 AVE. C CORAL SPRINGS, FL 33071-7890 US | Mailing Address % DAVID C. HARDIN 500 E BROWARD BLVD #1950 FT LAUDERDALE, FL 33394-3079 |
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03302004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2778310 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HARDIN, DAVID C. 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394 |
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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, 2004 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 | DP SHUART, STEVEN 1843 NW 124 AVE CORAL SPRINGS, FL 330717890 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS SHUART, DEBORAH 1843 NW 124 AVE. CORAL SPRINGS, FL 330717890 |
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04/26/04-80143-015 150.00

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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)(i), 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: Steven Shuart 4/22/04 9543446011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #