2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L73790

1. Entity Name
D.J.C. AMUSEMENTS, INC.

Principal Place of Business	Mailing Address
5010 LITHIA SPRINGS R. LITHIA, FL 33547 US	5010 LITHIA SPRINGS RD. LITHIA, FL 33547 US

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3008582

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NYMARK, DENNIS V.
1216 OAKFIELD DRIVE
BRANDON, FL 33511

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	BELL, MITCHELL
STREET ADDRESS	5010 LITHIA SPRINGS RD.
CITY-ST-ZIP	LITHIA, FL
TITLE	VD
NAME	BELL, HOWARD
STREET ADDRESS	5010 LITHIA SPRINGS RD.
CITY-ST-ZIP	LITHIA, FL
TITLE	STD
NAME	BELL, SYLVIA
STREET ADDRESS	5010 LITHIA SPRINGS RD.
CITY-ST-ZIP	LITHIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/04-80055-002 150.00

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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: Sylvia Bell SYLVIA BELL 3-12-04 8136857991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #