2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90041 032 ***150.00

60019393

DOCUMENT # L96349

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

Principal Place of Business	Mailing Address
4275 B OKEECHOBEE BLVD WEST PALM BEACH, FL 33409 US	4275 B OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 US

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1383 N MILITARY TRAIL	1383 N MILITARY TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33409 Country: US	Zip: 33409 Country: US

4. FEI Number: 65-0295846 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWE, TIM
4275 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 1383 N MILITARY TRAIL

City: WEST PALM BEACH FL Zip Code: 33409

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HOWE, TIM W	NAME	
STREET ADDRESS	4275 B OKEECHOBEE BLVD	STREET ADDRESS	1383 N MILITARY TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Tim W. Howe 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #