

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90041 032 ***150.00

DOCUMENT # L96349	
1. Entity Name D.J.C. ENTERPRISES, INC.	

Principal Place of Business 4275 B OKEECHOBEE BLVD WEST PALM BEACH, FL 33409 US	Mailing Address 4275 B OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 US
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60019393

2. Principal Place of Business 1383 N MILITARY TRAIL Suite, Apt. #, etc.	3. Mailing Address 1383 N MILITARY TRAIL Suite, Apt. #, etc.
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01092006 Chg-P CR2E034 (11/05)

City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
Zip 33409	Country US

4. FEI Number 65-0295846	Applied For ☐ Not Applicable
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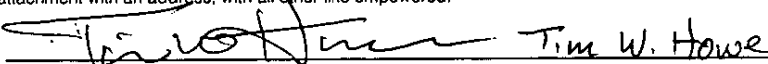
6. Name and Address of Current Registered Agent HOWE, TIM 4275 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1383 N MILITARY TRAIL City WEST PALM BEACH FL Zip Code 33409	
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____ (NOTE: Registered Agent signature required when reinstating)

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

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	Date: 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	