

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000010751

FILED  
Jan 30, 2012  
Secretary of State

Entity Name: D AND J HEALTH SUPPORTS AND HOSIERY, INC.

**Current Principal Place of Business:**

8001 N. ZAVAL AVE.  
DUNNELLO, FL 34433 US

**New Principal Place of Business:**

**Current Mailing Address:**

8001 N. ZAVAL AVE.  
DUNNELLO, FL 34433 US

**New Mailing Address:**

FEI Number: 80-0345268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DERRY, DONNA H  
8001 N. ZAVAL AVE.  
DUNNELLO, FL 34433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: DERRY, DONNA H  
Address: 8001 N. ZAVAL AVE.  
City-St-Zip: DUNNELLO, FL 34433 US

Title: P  
Name: DERRY, DONNA H  
Address: 8001 N. ZAVAL AVE.  
City-St-Zip: DUNNELLO, FL 34433 US

Title: VP  
Name: DERRY, JAMES E  
Address: 8001 N. ZAVAL AVE.  
City-St-Zip: DUNNELLO, FL 34433 US

Title: SEC  
Name: DERRY, DONNA H  
Address: 8001 N. ZAVAL AVE.  
City-St-Zip: DUNNELLO, FL 34433 US

Title: TREA  
Name: DERRY, DONNA H  
Address: 8001 N. ZAVAL AVE.  
City-St-Zip: DUNNELLO, FL 34433 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA H. DERRY

P

01/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date