

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 336506	
1. Entity Name D J FORMS COMPANY, INC.	

Principal Place of Business 6800 N AUGUSTA DR MIAMI, FL 33015	Mailing Address P.O BOX 4864 HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1277292	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MERRILL, GAIL S 6800 N AUGUSTA DR MIAMI, FL 33015	
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**DO NOT WRITE
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 relinquishing

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PST MERRILL, GAIL S 6800 N AUGUSTA DR MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERRILL, MYRON C 6800 N AUGUSTA DR. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MERRILL, DAWN J 6800 N. AUGUSTA DRIVE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/11/05-80038-011-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Gail S. Merrill
GAIL S. MERRILL

3-7-05

(305) 829-0058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #