

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 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**

DO NOT WRITE IN THIS SPACE



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1277292

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

**MERRILL, GAIL S
6800 N AUGUSTA DR
MIAMI, FL 33015**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------|
| TITLE | PST |
| NAME | MERRILL, GAIL S |
| STREET ADDRESS | 6800 N AUGUSTA DR |
| CITY-ST-ZIP | MIAMI, FL 33015 |

| | |
|----------------|--------------------|
| TITLE | VP |
| NAME | MERRILL, MYRON C |
| STREET ADDRESS | 6800 N AUGUSTA DR. |
| CITY-ST-ZIP | MIAMI, FL 33015 |

| | |
|----------------|-----------------------|
| TITLE | AVP |
| NAME | MERRILL, DAWN J |
| STREET ADDRESS | 6800 N. AUGUSTA DRIVE |
| CITY-ST-ZIP | MIAMI, FL 33015 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/29/07-80041-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Gail S. Merrill **GAIL S. MERRILL** **3-15-07**