2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2004 8:00 am Secretary of State 02-11-2004 90036 022 ***150.00

DOCUMENT # 341588 1. Entity Name DEE JAY ENTERPRISES, INC.							02-11-2004 90036 022 ***150.00					
Principal Plac 4617 EL MAI LAUDERDALE	R DR	s A, FL 33308	Mailing Address 4617 EL MAR DR LAUDERDALE BY THE SEA, FL 33308			-		B		4066	R ad i H (83)	
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01212004	Chg-P	CR2E0	34 (10/03)	•	
City & State			City & State			4. FEI Numb 59-129			<u> </u>	plied For t Applicable		
Zip	Country 6. Name and Address of Current		Zip Coun		try	5. Certificate of Status Desired S8.75 Addition Fee Required						
		Name		7. Name and	Address of New F	Registered A	Agent					
SMYTH,DOROTHY J 4617 EL MAR DR LAUDERDALE BY SEA, FL 33308						Andrew Greenberg Street Address (P.O. Box Number is Not Acceptable)						
		4617			Mar Dri	ve 🦠		Zip Code	9			
	-/-				Lau		ale-by-th		FL	1 0000		
8. The above named entity symmits 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 X 10004												
Security based or printed name of requisered agent and title if spolicable. (NOTE: Registered Agent signature required when reinstating)												
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550.	ncing	\$5. Add	00 May Be ed to Fees							
10.	I _	OFFICERS AND			· - ·	~~~~	CHANGES TO OFF	ICERS AND	DIRECTORS			
TITLE NAME	P emvtu r	OOROTHY J.	🔀 Delete	-	P/S/	T/D rew Gree	nhone		☐ Change	X Addition		
STREET ADDRESS		MAR DRIVE			ET ADDRESS							
ÇITY-ST-ZIP		DALE BY SE, FL			-ST-ZIP	1	7 El Mar Drive iderdale-by-the-Sea, FL 33308					
TITLE	ST Apelete TITL					Lauc	CI CIAICE D	y ine dea,	1. 17 1111	☐ Change	Addition	
NAME		DONALD R	NAM									
STREET ADDRESS	1021 CARRINGTON ST.											
CITY-ST-ZIP	JANESVILLE, WI											
TITLE NAME			☐ Delete	TITLE NAM						Change	Addition	
STREET ADDRESS				•	ET ADDRESS							
CITY-ST-ZIP				CITY	-\$T-ZIP							
TITLE			☐ Delete	TITLE	=					☐ Change	Addition	
NAME				NAM								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE			Delete	TITL						Change	☐ Addition i	
NAME			L_J Delete	NAM						Orlangs		
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP			•	ÇITY	-ST-ZIP							
TITLE			☐ Delete	TITLI		1				Change	☐ Addition	
NAME STREET ADDRESS			•	ET ADDRESS								
CITY-ST-ZIP					-ST-ZIP							
12 I hereby	certify that th	e information supplied wit	h this filing does not qualify fo	r the exe	mntion sta	ted in Se	ction 119.07(3)	(i), Florida Statutes.	I further cer	tify that the in	nformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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 required trustee impowered 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 altachment with an address, with all other like empowered.												

2-06-04