


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90091 033 ***150.00

| | | |
|--|--|---|
| DOCUMENT # 581012 | |  |
| 1. Entity Name DAJOMA, INC. | | |
| Principal Place of Business 2 TROPIC WIND DR. DAYTONA BEACH FL 32124 | | Mailing Address 2 TROPIC WIND DR. DAYTONA BEACH FL 32124 |
| 2. Principal Place of Business | | 3. Mailing Address |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State Port Orange, Fla. | City & State Port Orange, Fla. | 4. FEI Number 59-1840268 |
| Zip 32128 | Country | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32128 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |



MOORE CR2E034 (11/03)

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent JOHNSON, RONALD N. 326 SOUTH GRANVIEW AVENUE DAYTONA BEACH FL | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | Zip Code |
| | | FL | |

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE PTD | <input type="checkbox"/> Delete | TITLE PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DHOND, JOHN | | NAME DHOND, JOHN | |
| STREET ADDRESS 1904 SPRUCE CREEK CIR N | | STREET ADDRESS 1904 SPRUCE CREEK CIR N | |
| CITY-ST-ZIP DAYTONA BEACH, FL | | CITY-ST-ZIP PORT ORANGE, FL 32128 | |
| TITLE | <input type="checkbox"/> Delete | TITLE VSD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME DHOND, CHEYL | |
| STREET ADDRESS | | STREET ADDRESS 1904 SPRUCE CREEK CIR N | |
| CITY-ST-ZIP | | CITY-ST-ZIP PORT ORANGE, Fla. 32128 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 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:  **John D. HOND** **4/19/04** **386 767 3794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #