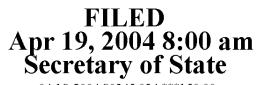
## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



DOCUMENT # F0300000404  1. Enlity Name L & J, DF COURTNEY, INC.					04-19-2004 90345 034 ***150.00				
Principal Place	a of Ruciness	Mailing Address		-	"	40411	L 1		
Principal Place of Business  C/O DRUCKER & FAULKE; LL FALK, LLC 7200 STONE HERGE DR STE. 211  RALEIGH, NC 27613		C/O DRUCKER & FAULKE, LL FALK, LLC 7200 STONE HENGE DR STE. 211 RALEIGH, NC 27613			-			10 <b>9</b> 4	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State		4. FEI Number APPLIE			<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current i	Registered Agent	N	7. Name and	Address of Nev	v Registered A	gent		
BLALOCK,LANDERS,WALTERS & VOGLER, P.A. 802 11TH STREET WEST				Name Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON, FL 34205			Pile 100 10 10 10 10 10 10 10 10 10 10 10 10						
			City			FL	Zip Code	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or bo	th, in the State of	Florida. I am f	amiliar with,	and accept	
SIGNATURE_									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				55.00 May Be added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO C	FFICERS AND	DIRECTOR	S IN 11	
TITLE NAME	CPFALK FAULK, DAVID C.SR	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	7200 STONEHERGE DRIVE STE RALEIGH, NC 27613	211	STREET ADDRESS CITY-ST-ZIP						
TITLE	VPST MUNICK, JOHN A JR	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
NAME STREET ADDRESS	9286 WARWICK BLVD		STREET ADDRESS						
CITY-ST-ZIP	NEWPORT NEWS, VA 23607	Delete	CITY-ST-ZIP				- Change	Addition	
-NAME -			NAME					l	
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-2IP						
TITLE		, Delete	TITLE NAME				Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE							a.		
		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				☐ Change	☐ Addition	
NAME		☐ Delete	NAME			<del></del>	☐ Change	☐ Addition	

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 smoowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. FAIR

7572451541