

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90212 032 \*\*\*150.00

**DOCUMENT # F04000007254**

1. Entity Name

D K J, INC.



Principal Place of Business

1011 EAST TOUHY #290  
DES PLAINES IL 60018

Mailing Address

1011 EAST TOUHY #290  
DES PLAINES IL 60018

2. Principal Place of Business

1011 East Touhy  
Suite, Apt. #, etc. 290

3. Mailing Address

550 Michigan Ave  
Suite, Apt. #, etc. 300

City & State

Des Plaines IL

City & State

Chicago IL

Zip

60018

Country

USA

Zip

60611

Country

USA

4. FEI Number

36-3907518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

TOBIN, DANIEL  
C/O WELCH COMPANIES  
12800 UNIVERSITY DR., #675  
FORT MYERS FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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

TITLE CPT  
NAME TOBIN, DANIEL C  
STREET ADDRESS 220 EASTERN AVE.  
CITY-ST-ZIP BARRINGTON IL 60010

TITLE VCVS  
NAME TOBIN, KEVIN C  
STREET ADDRESS 550 MICHIGAN AVE. #300  
CITY-ST-ZIP CHICAGO IL 60611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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:

*Dan Tobin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #