

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H56266

Entity Name: D. N. J., INC.

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

% JOSEPH N. GIOVENCO
4527 AZEELE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

% JOSEPH N. GIOVENCO
4527 AZEELE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2595142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIOVENCO, JOSEPH N.
4527 AZEELE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIOVENCO, JOSEPH N.,
Address: 4527 AZEELE STREET
City-St-Zip: TAMPA, FL 33609 US

Title: D () Delete
Name: WILLIAMS, DINA G.,
Address: 1095 DRUID LAKE
City-St-Zip: DECATUR, GA

Title: D () Delete
Name: GIOVENCO, JOANNE M.,
Address: 2109 BAYSHORE BLVD, #411
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: GIOVENCO, VIOLET,
Address: 4527 AZEELE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: GORELICK, ANNETTE,
Address: 8910 NESBIT LAKES DR
City-St-Zip: ALPHARETTA, GA

Title: D () Delete
Name: BILLINGS, CELIA,
Address: 113 WINDSONG CT
City-St-Zip: GASTONIA, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. NORMAN GIOVENCO

MR.

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date