2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# H56266

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

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
Name:	
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 PRES 04/22/2009

Electronic Signature of Signing Officer or Director — Date