

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90025 014 \*\*\*150.00

**DOCUMENT # H65175**

1. Entity Name  
**D J P HOLDING CO., INC.**



Principal Place of Business

**11000 PROSPERITY FARM ROAD, SUITE #202  
10989 ST. RD. A1A (N.P.B., FL., 33408)  
PALM BEACH GARDENS, FL 33410**

Mailing Address

**11000 PROSPERITY FARM ROAD, SUITE #202  
10989 ST. RD. A1A (N.P.B., FL., 33408)  
PALM BEACH GARDENS, FL 33410**



02232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**58-1630018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PAPARONE, DOMENICK  
11000 PROSPERITY FARM ROAD, SUITE #202  
10989 ST. RD. A1A (N.P.B., FL., 33408)  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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)

2/3/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME PAPARONE, DOMENICK  
STREET ADDRESS 10989 STATE ROAD A1A  
CITY-ST-ZIP N. PALM BEACH, FL

TITLE TD  
NAME PAPARONE, DOMENICK  
STREET ADDRESS 10989 STATE ROAD A1A  
CITY-ST-ZIP N. PALM BEACH, FL

TITLE V  
NAME PAPARONE, DONALD J.  
STREET ADDRESS 10989 STATE ROAD A1A  
CITY-ST-ZIP N. PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**Domenick Paparone 02/23/04 561-622-3038**