

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

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**



01272005 No Chg-P CR2E034 (10/03)

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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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	

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02/11/05-80050-008 150.00

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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 1/27/05 (561) 622-3038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone