2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H65175

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

Principal Place of Business	Mailing Address
11000 PROSPERITY FARM ROAD, SUITE #202 10989 ST. RD. A1A (N.P.B., FL., 33408) PALM BEACH GARDENS, FL 33410	11000 PROSPERITY FARM ROAD, SUITE #202 10989 ST. RD. A1A (N.P.B., FL., 33408) PALM BEACH GARDENS, FL 33410

01252006 No Chg-P CR2E034 (11/05)

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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

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000474553
04/04/06-80028-009 150.00

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1/25/06 (561) 622-3038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #