2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90292 003 ***150.00

DOCUMENT # J24640

1. Entity Name
DAB-A-J, INC.

Principal Place of Business	Mailing Address
397 BARFIELD HIGHWAY PO BOX 579 PAHOKEE, FL 34761	~~397 BARFIELD HIGHWAY~~ ~~PO BOX 579~~ PO Box 603 PAHOKEE, FL 34761

A0063097

01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2741625
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, DONIA
1616 E. MAIN STREET
PAHOKEE, FL 33476

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	DP
NAME	ADAMS-ROBERTS, DONIA
STREET ADDRESS	1616 E. MAIN ST.
CITY-ST-ZIP	PAHOKEE, FL
TITLE	DST
NAME	HORNER, BETH
STREET ADDRESS	1616 E. MAIN ST.
CITY-ST-ZIP	PAHOKEE, FL
TITLE	DV
NAME	LOHMANN, ANGEE
STREET ADDRESS	1616 E. MAIN ST.
CITY-ST-ZIP	PAHOKEE, FL
TITLE	DV
NAME	ADAMS, JAYNA
STREET ADDRESS	1616 E MAIN ST
CITY-ST-ZIP	PAHOKEE, FL
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 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. DONIA A. ROBERTS

SIGNATURE: Donia A. Roberts Pres. 4/13/05 (561) 993-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #