


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90292 043 ***150.00

DOCUMENT # J24640			
1. Entity Name DAB-A-J, INC.			
Principal Place of Business 307 W. WHEED HIGHWAY 709 N.E. 3rd St. PAHOKEE, FL 33476 Belle Glade, Fla. 33430		Mailing Address P.O. BOX 579 709 N.E. 3rd St. PAHOKEE, FL 33476 Belle Glade, Fla. 33430	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 579 Suite, Apt. #, etc.	
City & State		City & State PAHOKEE, FL	
Zip	Country	Zip	Country
		33476	USA
4. FEI Number 59-2741625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, DONIA 1616 E. MAIN STREET 1100 N. Main St. PAHOKEE, FL 33476 Suite C Belle Glade, Fla. 33430		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Donia A. Roberts Pres.</i></u> DATE: <u>4-26-06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS-ROBERTS, DONIA	NAME	
STREET ADDRESS	1616 E. MAIN ST.	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, BETH	NAME	
STREET ADDRESS	1616 E. MAIN ST.	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHMANN, ANGEE	NAME	
STREET ADDRESS	1616 E. MAIN ST.	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JAYNA	NAME	
STREET ADDRESS	1616 E MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u><i>Donia A. Roberts</i></u>		DATE: <u>4/26/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	