

2007 FOR PROFIT CORPORATION ANNUAL REPORT

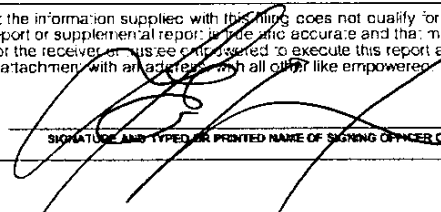
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Jan 08, 2007 8:00 am
Secretary of State

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01042007 Chg-P CR2E034 (12/06)

DOCUMENT # K41108					
1. Entity Name DJEPA INCORPORATED					
Principal Place of Business 2201-7 COACH HOUSE BLVD ORLANDO, FL 32812			Mailing Address 2201-7 COACH HOUSE BLVD ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2912599	
				Applied For No. Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EPARVIER, JACQUELINE M. 2201-7 BEACH HOUSE BLVD ORLANDO, FL 32812			Name Street Address (P.O. Box Number is Not Acceptable) 2201-7 Coach House Blvd. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D EPARVIER, JACQUELINE N. 2201-7 CEDAR HAV BLVD ORLANDO, FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2201-7 Coach House Blvd	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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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 authorized 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: 			1/5/07 407-243-2442		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day and Phone #		