2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2004 08:00 AM Secretary of State **DOCUMENT # K91394** ** DWJ PROPERTIES, INC. . Mailing Address Principal Place of Business C/O JOHN PETHERBRIDGE 2122 INIVERSITY BLVD S P.O. BOX 47620 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32247 CR2E034 (10/03) 01062004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2954684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE PETHERBRIDGE, JOHN J. 2122 UNIVERSITY BLVD S JACKSONVILLE, FL 32216 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. (NOTE. Registered Agent signature required whon reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PETERBRIDGE, JOHN J. NAME STREET ADDRESS 2122 UNIVERSITY BLVD S JACKSONVILLE, FL 32216 CITY-ST-ZIF 04/27/04-80103-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

NE OF SHOWING OFFICER OR DIRECTOR

SIGNATURE:

FILED