2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 08, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L86368 1. Entity Name D.J.L. ENTERPRISES, INC. Principal Place of Business Mailing Address 323 WOODHAM CT 323 WOODHAM CT FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 No Cha-P CR2E034 (10/03) 03292004 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3019873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LACKE, DANIEL J. DO NOT WRITE 323 WOODHAM COURT FT, WALTON BEACH, FL 32547 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. SIGNATURE Speakure, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000106892 04/08/94-80835**-**014 OFFICERS AND DIRECTORS 10. DIVE LACKE, DANIEL J. NAME 323 WOODHAM COURT STREET ADDRESS CITY-ST-ZIP FT. WALTON BCH, FL TITLE MAME STREET ASDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 it made under oath, that I am an officer or director of the corporation or the receiver or thistee employered 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 attestment with all address with all other like empowered.

DANIEL J. LACKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

(850 863-3313

Daytime Phone #

FILED