2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 25, 2005 08:00 AM DOCUMENT # L86368 **Secretary of State** 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 02012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3019873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME LACKE, DANIĒL J. STREET ADDRESS 323 WOODHAM COURT CITY-ST-ZIP FT. WALTON BCH, FL TITLE NAME UQQQQQ243550 _Q2/25/<u>Q</u>5-80044-013 15**0.**00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of the receiver or physics employers 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 or an attachment with an address, with all phrer like empowered.

SIGNATURE:

CITY-ST-ZIP

DANIEL J. LACKE, PRESIDENT NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2005

(850)863 - 3313

Daytime Phone #