## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 23, 2004 8:00 am DOCUMENT # P00000087545 **Secretary of State** 02-23-2004 90062 025 \*\*\*150.00 D.J.H. INVESTMENTS, INC. Principal Place of Business Mailing Address 6684 EASTON DR. SARASOTA FL 34238 6684 EASTON DR. SARASOTA FL 34238 3. Mailing Address 3774 Beneva 2. Principal Place of Business 3774 Beneva Daks Suite, Apt. #, etc. CR2E034 (11/03) MOORE ∠City & State 4. FEI Number Applied For 65-1048225 <u>)arasota</u> Not Applicable \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_\_ VOIGT & VOIGT, P.A. 2414 BEE RIDGE RD. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition HERING, DEBRA J 3774 Beneva Oaks Blud. STREET ADDRESS 6684 EASTEN DRIVE STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE HERING, DEBRA J NAME NAME 3774 Beneva Oaks Blvd. 6684 EASTON DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 CITY-ST-7IP Sarasota, Florida 34238 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ 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 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 empoweres 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 aftachment with an address with ner like empowere**d** 941)

FILED