

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000090558

1. Entity Name
NDJ, INC.



Principal Place of Business
4000-B ST JOHNS AVE, SUITE 22
JACKSONVILLE, FL 32205

Mailing Address
4334 MCGIRTS BLVD
JACKSONVILLE, FL 32210-5941



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2107321

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLING, JOHN L
1000 RIVERSIDE AVE, SUITE 555
JACKSONVILLE, FL 32204

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEED, EDWIN G
STREET ADDRESS 4000-B ST JOHNS AVE, SUITE 22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D
NAME WEED, DONALD T
STREET ADDRESS 4000-B ST JOHNS AVE, SUITE 22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D
NAME WEED, JOSEPH D III
STREET ADDRESS 4000-B ST JOHNS AVE, SUITE 22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D
NAME WEED, ANNE T
STREET ADDRESS 4000-B ST JOHNS AVE, SUITE 22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000222104
02/09/05-80060-010 150.00

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IN THIS SPACE**

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 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.

SIGNATURE: Anne T. Weed **ANNE T. WEED** 2-7-05 (904)384-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #