2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000114699

1. Entity Name
PJD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3900 CLARK ROAD, STE. L-1 SARASOTA, FL 34233	3900 CLARK ROAD, STE. L-1 SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE

03212006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
90-0014587		Not Applicable

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

6. Name and Address of Current Registered Agent

DOMBER, HARLAN R
3900 CLARK RD., STE. L-1
SARASOTA, FL 34233

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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, 2006 Fee will be $550.00

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

000000514021
04/29/06-80155-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DITOMASO, ANTHONY
STREET ADDRESS	2800 BAHIA VISTA ST., #400
CITY-ST-ZIP	SARASOTA, FL 34239

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____ X Anthony DiTomaso X 4/12/06 X 941-302-4584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / President / Date / Daytime Phone #