2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 14, 2004 8:00 am Secretary of State

DOCUMENT # P01000116268 1. Entity Name DJB GROUP, INC.				07-14-2004 90005 022 ***150.00
Principal Place	e of Business	Mailing Address		AADADAMD
PO BOX 1039 OAKLAND, FL 34760		PO BOX 1039 OAKLAND, FL 34760		44048479
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07092004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 75-3011734 Not Applicable
Zip	, Country	Zip C	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6, Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
BONNETTE, DONALD J			Name	
301 N TUBB ST OAKLAND, FL 34760			Street Address (P.O. Box Number is Not Acceptable)
	1			
			City	FL 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 obligati	ions of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rogi	ístered Agent signature require	d when reinstating) DATE
				.00 May Be led to Fees
10.	OFFICERS AND		11.	
HITLE		DIRECTORS	17.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	P. ·	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME SUBLET AD DRESS	BONNETTE, DONALD	☐ Delete	TITLE NAME	
NAME S(REET AD)RESS CHY-ST-ZIP	1	☐ Delete	TITLE	
STREET ALD PRESS	BONNETTE, DONALD 301 N TUBB ST	□ Delete	TITLE NAME STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



Asta Chment

44048479 #1000116268

-301 N. Tubb St. P.O. Box 1039 Oakland, FL 34760-1039

Tel 407 · 654 · 6076

FAX 407·654·6063

TOLL FREE 1 · 877 · DJBPENS (352-7367)

EMAIL

djb@djbimports.com

July 9, 2004

Division of Corporations P.O. Box 6198 -Tallahassee; FL-32314-6198

Dear Sir or Madam:

In regards to the notice of intent to dissolve out DJB Group, Inc., we never received the notice to file 2004 Annual Report. We are asking that you please waive the extra fees. We appreciative your help in this matter.

Sincerely,

Donald James Bonnette

President

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