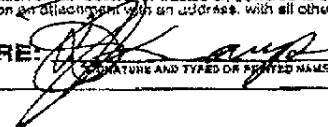


FILED
Jan 22, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000024159 1. Entry Name DJ KAUP, INC.			
Principal Place of Business 903 OAK FOREST DRIVE WINTER SPRINGS, FL 32708-4008		Mailing Address 903 OAK FOREST DRIVE WINTER SPRINGS, FL 32708-4008	
DO NOT WRITE IN THIS SPACE			
		01132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 02-0597694	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
3. Name and Address of Current Registered Agent KNAPMEYER, DONALD C ESQ. 413 CLEVELAND STREET CLEARWATER, FL 33755		DO NOT WRITE IN THIS SPACE	
6. 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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	KAUP, DAVID		
STREET ADDRESS	903 OAK FOREST DRIVE		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE	D		
NAME	HOTCHKISS, SHARON K		
STREET ADDRESS	903 OAK FOREST DRIVE		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(b), 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 its 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 as changed or on an attached certificate of address, with all other like empowered.			
SIGNATURE: 		1/20/04 407-695-1786	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	