2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000119737

1. Entity Name
D.J. KIM, INC.

Principal Place of Business	Mailing Address
3045 SE 3RD AVENUE	3045 SE 3RD AVENUE
OCALA, FL 34471	OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

03192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4085134	Not Applicable

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

6. Name and Address of Current Registered Agent

MAYHEW, JENNY S
3045 SE 3RD AVENUE
OCALA, FL 34471

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MAYHEW, JENNY S
STREET ADDRESS	3045 SE 3RD AVENUE
CITY-ST-ZIP	OCALA, FL 34471

TITLE	P
NAME	SAMS, KIM
STREET ADDRESS	3045 SE 3RD AVE
CITY-ST-ZIP	OCALA, FL 34471

TITLE	P
NAME	KIM, HONG JU
STREET ADDRESS	3045 SE 3RD AVE
CITY-ST-ZIP	OCALA, FL 34471

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80019-020 150.00

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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: _Jenny A. Mayh_   JENNY S MAYHEW   3/19/07   (352)622-2551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #