



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90029 040 ***150.00

DOCUMENT # P02000133274 1. Entity Name DLJ ENTERPRISES, INC.					
Principal Place of Business P.O. BOX 2501 LARGO, FL 33779				Mailing Address P.O. BOX 2501 LARGO, FL 33779	
2. Principal Place of Business - No P.O. Box # 3507 KING GEORGE LANE		3. Mailing Address P.O. BOX 573			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEFFNER, FL		City & State SEFFNER, FL			
Zip 33584	Country USA	Zip 33583	Country USA		
4. FEI Number 32-0052957				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROVOST-JACOBSON, LORI 1527 ADAMS CIRCLE SOUTH LARGO, FL 33771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3507 KING GEORGE LANE City SEFFNER FL Zip Code 33584		
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: <u>Lori P. Jacobson</u> DATE: <u>3-17-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROVOST-JACOBSON, LORI 1527 ADAMS CIRCLE SOUTH LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, DEAN 1527 ADAMS CIR SOUTH LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Lori P. Jacobson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-17-08		Daytime Phone # 727-418-3855