

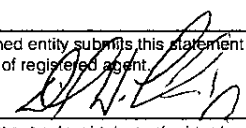
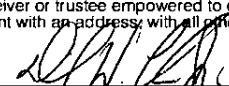


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90098 008 ***150.00

DOCUMENT # P03000025357					
1. Entity Name D J EXTERIORS, INC.					
Principal Place of Business 889 FLORIDA AVE STE A PALM HARBOR, FL 34683			Mailing Address 889 FLORIDA AVE STE A PALM HARBOR, FL 34683		
2. Principal Place of Business 1107 N. FLORIDA AVE Suite, Apt. #, etc.		3. Mailing Address 1107 N. FLORIDA AVE Suite, Apt. #, etc.			
City & State TARPON SPRINGS, FL Zip 34689 Country USA		City & State TARPON SPRINGS, FL Zip 34689 Country USA		4. FEI Number 36-4523207	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LARKIN, DAVID JR 889 FLORIDA AVE STE A PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name DAVID W. LARKIN JR. Street Address (P.O. Box Number is Not Acceptable) 1107 N. FLORIDA AVE. City TARPON SPRINGS, FL Zip Code 34689		
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:  DATE: 1/19/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D NAME LARKIN, DAVID JR STREET ADDRESS 889 FLORIDA AVE STE A CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE PRESIDENT DIRECTOR NAME DAVID W. LARKIN, JR. STREET ADDRESS 1107 N. FLORIDA AVE. CITY-ST-ZIP TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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: 			DAVID LARKIN, JR. PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-19-04 Daytime Phone #		