

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Pg 10 Fz

DOCUMENT # P03000027190

1. Entity Name  
DRJAF, INC.



FILED

04 NOV 12 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1266 AIRPORT PULLING ROAD N  
NAPLES, FL 34104

Mailing Address  
1266 AIRPORT PULLING ROAD N  
NAPLES, FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

75-3107957

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMATO, JOSEPH A  
1266 AIRPORT PULLING ROAD N  
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P, VP, D  
NAME JOSEPH A. FORMATO  
STREET ADDRESS 1266 AIRPORT PULLING RD  
CITY-ST-ZIP NAPLES, FL 34104 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

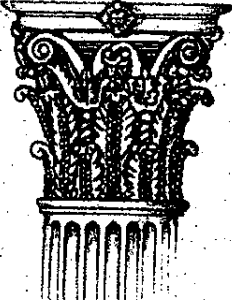
Daytime Phone #

REINSTATEMENT

04

11/17

*[Signature]*



**H..Michael Magruder, CPA**  
2770 South Horseshoe Drive, Suite #1  
Naples, FL 34104-6147  
Phone (239) 649-3272  
Fax (239) 649-3273

[www.mikemagruder.com](http://www.mikemagruder.com)

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October 20, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: DRJAF, Inc.  
P03000027190

Gentlemen,

Our client mailed in their Uniform Business Report along with a check prior to the due date. Enclosed is a duplicate copy along with a replacement check.

The original return apparently was lost in the mail. We are requesting that you accept this replacement copy and do not force this corporation to go through the reinstatement process.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Magruder", written over a horizontal line.

H. Michael Magruder, CPA

Cc: DRJAF, Inc.