


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90022 013 \*\*\*550.00

<b>DOCUMENT # P03000045643</b>	
1. Entity Name <b>DCJ&amp;J REALTY, INC.</b>	

Principal Place of Business <b>2560 WHITFIELD AVE SARASOTA FL 34243</b>	Mailing Address <b>2560 WHITFIELD AVE SARASOTA FL 34243</b>
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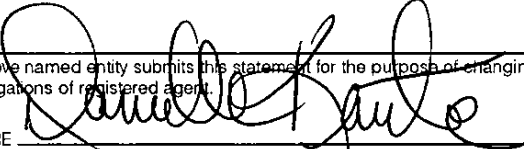
2. Principal Place of Business <b>1003 East Avenue, North</b> Suite, Apt. #, etc.	3. Mailing Address <b>1003 East Avenue, North</b> Suite, Apt. #, etc.
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2nd MOORE CR2E034 (5/05)

City & State <b>Sarasota, Florida</b>	City & State <b>Sarasota, Florida</b>	4. FEI Number <b>01-0779843</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34237</b>	Country <b>Sarasota</b>	Zip <b>34237</b>	Country <b>Sarasota</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>DESROSIERS, JOHN C 3551 TOBERO LANE SARASOTA FL 34235</b>	Name <b>Danielle Kanter</b> Street Address (P.O. Box Number is Not Acceptable) <b>8058 DeSoto Woods Dr</b> City <b>Sarasota, FL</b> Zip Code <b>34243</b>

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 **8-25-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DESROSIERS, JOHN C</b> <b>3551 TOBERO LANE</b> <b>SARASOTA FL 34235</b> <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	<b>D</b> <b>KANTER, DANIELLE M</b> <del><b>3551 TOBERO LANE</b></del> <b>SARASOTA FL 34235</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>8058 DeSoto Woods Dr</b> <b>Sarasota, FL 34243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAHER, CAROLINE</b> <del><b>3551 TOBERO LANE</b></del> <b>SARASOTA FL 34235</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5642 Country Lakes Dr</b> <b>Sarasota, FL 34243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, JEANNE</b> <del><b>3551 TOBERO LANE</b></del> <del><b>SARASOTA FL 34235</b></del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4492 Fairecroft Terr.</b> <b>Suwanee, Ga 30024-4037</b>
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 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  DATE \_\_\_\_\_ Domicile Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR