

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000063338

1. Entity Name

DJH ENTERPRISES, INC.



**FILED
Apr 29, 2004 8:00 am
Secretary of State**

04-29-2004 90205 050 ***150.00

34070301



MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address		
61 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
45-0517298	
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNETT, PETER R 61 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168		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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARNETT, PETER R		NAME	PATRICIA B. BARNETT			
STREET ADDRESS	61 LAKE FAIRGREEN CIRCLE		STREET ADDRESS	61 LAKE FAIRGREEN CIR.			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168			
TITLE		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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.

Peter R. Barnett

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

386 423 5300

Date

Daytime Phone #