2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000083312 05-03-2004 90686 033 ***150.00 D.J. ELECTION SUPPLIES AND SERVICES, INC. Principal Place of Business Mailing Address 2255 VERMONT STREET 2255 VERMONT STREET W. MELBOURNE, FL 32904 W. MELBOURNE, FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) 4. FEI Number 55-0839600 City & State Applied For City & State Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLOGER, JESSICA A Street Address (P.O. Box Number is Not Acceptable) 2255 VERMONT STREET W. MELBOURNE, FL 32904 City 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 . 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Ò, Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Delete TITLE GLOGER, JESSICA A RANDOLPH M. KING NAME NAME STREET ADDRESS 2255 VERMONT STREET STREET ADDRESS 2805 LAKELAND CITY-ST-ZIP W. MELBOURNE, FL 32904 CITY-ST-ZIP MELBOURNE, PL. TITLE Delete TITI F ☐ Addition NAME GLOGER, DAN R JR NAME STREET ADDRESS 2255 VERMONT STREET STREET ADDRESS W. MELBOURNE, FL 32904 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Delete ☐ Change · ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

CITY-ST-ZIP

Jessica Gogge Alx 321-984-0994 SIGNATURE: