

FILED
Feb 04, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000112394

1. Entity Name
DJ FISHERIES, INC.



Principal Place of Business
2085 A1A SOUTH, SUITE 206
ST. AUGUSTINE, FL 32080

Mailing Address
2085 A1A SOUTH, SUITE 206
ST. AUGUSTINE, FL 32080



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0303197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEKS, JOHN D
2085 A1A SOUTH, SUITE 206
ST. AUGUSTINE, FL 32080

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IN THIS SPACE

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 *John D Weeks*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
1-31-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000216752
02/05/05-80061-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEEKS, JOHN D
STREET ADDRESS 2085 A1A SOUTH, SUITE 206
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE VD
NAME CROWLEY, DANIEL W
STREET ADDRESS 2085 A1A SOUTH, SUITE 206
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE S
NAME WEEKS, MARY
STREET ADDRESS 2085 A1A SOUTH, SUITE 206
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE T
NAME CROWLEY, LAURIE
STREET ADDRESS 2085 A1A SOUTH, SUITE 206
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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: *John D Weeks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1-31-05

DAYTIME PHONE #