2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)				FILED		
DOCU 1. Entity Nam	MENT # P040000012	75		Apr 28, 2005 08:00 AM Secretary of State		
DJA VIN	YL, INC.				or State	
Principal Plac	A of Rueinass	Mailing Address	2000	<u>. </u>		-= ** ***
11441 CISCO GARDENS RD S 11441 CISCO GARDE						
JACKSONV	/ILLE FL 32219	JACKSONVILLE FL 32	219			
Principal Place of Business 3. Mailing Address			· · · · · · · · · · · · · · · · · · ·			(illegt ir reet
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE CR2	E034 (10/04)	
City & State		City & State		A FE Number	,	oplied For
	Sone	ى کى د		20-0582592	No.	ot Applicab!
Zip	Country 43 14	Zip	Country 4 5 14	5. Certificate of Status Desired	38.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Regist	ered Agent	
ANDERSEN, DAVID J				O O Boy Mirehay in Not Assessables		
	41 CISCO GARDENS RD S CKSONVILLE FL 32219	•	Street Address	s (P.O. Box Number is Not Acceptable)		- · ·
			City		FL Zip Cod	 e
	e named entity submits this statement i tions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	l am familiar with,	and accept
SIGNATURE	Signature, typed of printed name of registered ager	I and tile if applicable (NOTE	Registered Agent signature requi	red when reinstating)	DATE ,	
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of			9. Election Campaign F Trust Fund Contribut	<u>-</u> -	00 May Be
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	Ş IN 1 I
TITLE NAME	D ANDERSEN, DAVID J	☐ Delete	TITLE		☐ Change	Adolisia
STREET ADDRESS	11441 CISCO GARDENS RD S		STREET ADDRESS	UUOOO03409 04/28 /05 -8013	일(7-001 150.	00
CHY-ST-ZIP	JACKSONVILLE FL 32219	CT Politic	CUTY-ST-ZIP			Addition
TITLE NAME		☐ Delete	NAME .		☐ Change	∏ Aiπinia
STREET ADDRESS			STREET ADORESS			
CITY-SI-ZIP		☐ Delete	CHY-SH-ZIP THEE		☐ Change	Addiii
NAME		_ 5,,,,,	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP			
THE		☐ Delete	HILE	<u>.</u>	☐ Change	Addiiic
NAMF STREET ADDRESS			NAMY STREET ADDRESS			
CITY-ST-7IP			CITY-ST-7IP			
TITLE		☐ Delete	TETLE		☐ Change	☐ Addili
NAME STREET AUDRESS			NAME SHREELADORESS			
CITY-ST ZIP			CDY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addilia
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY-SE-ZIP			<u> </u>
12. I hereby of the cor	certify that the information supplied wit i on this report or supplemental report thoration or the recover or trustee arms	n this filling does not qualify for is true and accurate and that me	the exemption stated in the signature shall have the secretary of the charter of	Section 119.07(3)(i), Florida Statutes. I furthe e same legal effect as if made under oath; t 07, Florida Statutes; and that my name app	er certify that the in hat I am an officer	or director
changed	, or on an attachment with an address,	with all other like empowered.	as required by chapter 6	or, morroa diatores, and mat my flathe app		ווו משטעט.

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