
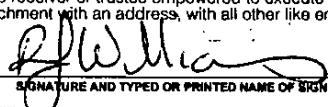


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00
Secretary of Stat

DOCUMENT # P04000076722		
1. Entity Name D.J.W FLIGHTS & RENTAL INC.		
Principal Place of Business 11144 HEATHWOOD AVE SPRING HILL, FL 34608		Mailing Address 11144 HEATHWOOD AVE SPRING HILL, FL 34608
DO NOT WRITE IN THIS SPACE		
		01232007 No Chg-P CR2E034 (11/05)
4. FEI Number 20-1140785		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLIAMS, DOROTHY MRS 11144 HEATHWOOD AVE SPRING HILL, FL 34608		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	WILLIAMS, DOROTHY MRS	
STREET ADDRESS	11144 HEATHWOOD AVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	D	
NAME	WILLIAMS, VICTOR K MR	
STREET ADDRESS	11144 HEATHWOOD AVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	D	
NAME	FRYER, JAMIE MR	
STREET ADDRESS	11144 HEATHWOOD AVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	D	
NAME	FRYER, EMMA MRS	
STREET ADDRESS	11144 HEATHWOOD AVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		23rd Jan 07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>