

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 030 ***150.00

DOCUMENT # P04000091442

1. Entity Name
D.J.T. AGENCY CORP.



Principal Place of Business
4811 MARTINIQUE WAY
NAPLES, FL 34119

Mailing Address
4811 MARTINIQUE WAY
NAPLES, FL 34119

20064671

2. Principal Place of Business
20001 Seadale Ct.

3. Mailing Address
20001 Seadale Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072005 Chg-P CR2E034 (10/03)

City & State
Estero, FL

City & State
Estero, FL

4. FEI Number
20-1275491

Applied For
Not Applicable

Zip
33928

Country
USA

Zip
33928

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAY, DENNIS J
4811 MARTINIQUE WAY
NAPLES, FL 34119

Name
Tay, Dennis J

Street Address (P.O. Box Number is Not Acceptable)

20001 Seadale Ct.

City
Estero

FL

Zip Code
33928

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
TAY, DENNIS J
STREET ADDRESS
4811 MARTINIQUE WAY
CITY-ST-ZIP
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
President
Tay, Dennis J
STREET ADDRESS
20001 Seadale Ct.
CITY-ST-ZIP
Estero, FL 33928 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-05

2394987295