2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am Secretary of State DOCUMENT # P04000106374 1. Entity Name 02-09-2005 90050 012 ***150 00 D & J INVESTMENT SERVICES, INC. Principal Place of Business Mailing Address 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 UUUTAUU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 03-04334/Z Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHEATLEY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PS TITLE Change ☐ Addition Delete WHEATLEY, RICHARD NAME STREET ADDRESS 7006 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211-8706 CITY-ST-ZIP VT Delete Change ☐ Addition TITLE WHEATLEY, EVA NAME STREET ADDRESS 7006 ATLANTIC BLVD STREET ADDRESS JACKSONVILLE FL 32211-8706 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [Addition TITLE ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

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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.

SIGNATURE:

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