## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2007 08:00 A Secretary of State DOCUMENT # P04000106374 1. Entity Name D & J INVESTMENT SERVICES, INC. Principal Place of Business Mailing Address 7006 ATLANTIC BLVD 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 JACKSONVILLE FL 32211-8706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 03-0433412 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEATLEY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 Zip Code City 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 it applicable. (NOTE, Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ■ Addition HILE ☐ Delete TITLE WHEATLEY, RICHARD NAME, NAME U00000669090 7006 ATLANTIC BLVD STREET ADDRESS 03/27/07-80059-003 150.00 STREET ADDRESS JACKSONVILLE FL 32211-8706 CUTY-S1-ZIP CITY-ST-ZIP Change ■ Addition IIItE Delete ШЕ WHEATLEY, EVA NAME NAME 7006 ATLANTIC BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211-8706 CITY-ST-ZIP CITY - ST- 7IP Delete ☐ Addition THILE IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ШЕ Change ☐ Addition TOTE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRÉSS CHY-ST-7IP CITY-SI-ZIP Change ☐ Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

AFFICER OR DIRECTOR

**FILED** 

Daytime Phone #