

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000153850

1. Entity Name  
DRJ PROFESSIONAL SERVICES, INC.



Principal Place of Business  
2120 US 1 SOUTH  
SUITE 117  
ST. AUGUSTINE, FL 32086

Mailing Address  
2120 US 1 SOUTH  
SUITE 117  
ST. AUGUSTINE, FL 32086



02202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1899806

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HALL, CHARLES E  
77 ALMERIA STREET  
ST. AUGUSTINE, FL 32084

**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

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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000674010  
03/29/07-80053-003 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
MCNAIR, DENTON E  
2624 PELLICER ROAD  
ST AUGUSTINE, FL 32092

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BAKER, RYAN M  
203 BARACOA COURT  
ST. AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
BAKER, JASON M  
3681 LONE WOLF TRAIL  
ST. AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

DENTON E. MCNAIR

3/19/07

904 669 6921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #