

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**


Amended

FILED

06 FEB 24 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000020121
1. Entity Name
D & J PROPERTIES OF SOUTH FLORIDA, INC.



Principal Place of Business: 405 LAGUNA AVENUE, KEY LARGO, FL 33037
Mailing Address: 405 LAGUNA AVENUE, KEY LARGO, FL 33037

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country



02212006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-2326220
Applied For: Not Applicable

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	
STRINGER, DALE D 405 LAGUNA AVENUE KEY LARGO, FL 33037	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

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 _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRINGER, DALE D			NAME			
STREET ADDRESS	405 LAGUNA AVENUE			STREET ADDRESS	000067449570		
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP	03/09/06--01017--006 **61.25		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURCH, JEFFREY			NAME	BURCH, Jeffrey		
STREET ADDRESS	3483 MELISSA COURT			STREET ADDRESS	3483 Melissa Court		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980			CITY-ST-ZIP	Port Charlotte, FL 33980		
TITLE	S/T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURCH, LEE ANN			NAME			
STREET ADDRESS	3483 MELISSA COURT			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE D. STRINGER, Director

2/21/06 305-451-5869

Date Daytime Phone #