

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90162 033 \*\*\*150.00

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~~  
 3483 Melissa Ct.  
 Port Charlotte, FL  
 33980

60034556



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2326220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BURCH, JEFFREY  
 3483 MELISSA CRT  
 PORT CHARLOTTE, FL 33980

**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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/08  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGER, DALE D 405 LAGUNA AVENUE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BURCH, JEFFREY 3483 MELISSA COURT PORT CHARLOTTE, FL 33980
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**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:

*[Handwritten Signature]*

Jeff Burch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/08

Daytime Phone #