

**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 C.  
Port Charlotte, FL  
33980

60034336



**DO NOT WRITE IN THIS SPACE**

04142008 No 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/08

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff Burch

4/14/08