
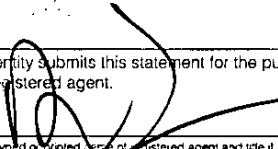
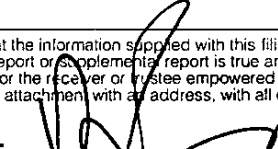


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 001 ***150.00

DOCUMENT # P05000127880 1. Entity Name DJR HOMES (FLORIDA) INC.			
Principal Place of Business 10849 FOREST RUN DRIVE BRADENTON, FL 34211 US		Mailing Address 10849 FOREST RUN DRIVE BRADENTON, FL 34211 US	
2. Principal Place of Business 8726 Old County Rd 54 Suite, Apt. #, etc. Ste B		3. Mailing Address SAME Suite, Apt. #, etc. AS	
City & State New Port Richey FL.		City & State # 2	
Zip 34653		Zip 34653	
Country US		Country US	
4. FEI Number 20-3515443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN PIONEERS ADVISORY INC. 10849 FOREST RUN DRIVE BRADENTON, FL 34211		7. Name and Address of New Registered Agent Name David C. Robb Street Address (P.O. Box Number is Not Acceptable) 8726 Old County Rd 54 Ste B City New Port Richey FL Zip Code 34653	
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 		DATE 2-28-06	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROBB, DAVID C STREET ADDRESS 10849 FOREST RUN DRIVE CITY-ST-ZIP BRADENTON, FL 34211	<input type="checkbox"/> Delete	TITLE VP, S, T, D NAME VP, S, T, D STREET ADDRESS 8726 Old County Rd 54 Ste B CITY-ST-ZIP New Port Richey FL. 34653	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 2-28-06	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	