

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90044 018 ***150.00

DOCUMENT # P06000034746

1. Entity Name
 DEJOY ESTATES INC.



Principal Place of Business: 739 EMERY STREET, INVERNESS, FL 34450 US
 Mailing Address: 739 EMERY STREET, INVERNESS, FL 34450 US

40028843



2. Principal Place of Business - No P O Box #
 Suite, Apt #, etc

3. Mailing Address
 Suite Apt #, etc

02032007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number: 20-4456506
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
 DELGADO, JOYCE
 739 EMERY STREET
 INVERNESS, FL 34450

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
 NAME: DELGADO, JOYCE
 STREET ADDRESS: 739 EMERY STREET
 CITY-ST-ZIP: INVERNESS, FL 34450 Delete

TITLE: Change Addition
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/4/07
 Date-Time Phone *