

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052694

Entity Name: KDPJ PROPERTIES, INC.

FILED
Feb 22, 2007
Secretary of State

Current Principal Place of Business:

6620 ORCHID LAKE RD
NEW PT RICHEY, FL 34653

New Principal Place of Business:

6620 ORCHID LAKE RD
NEW PORT RICHEY, FL 346531111 US

Current Mailing Address:

6620 ORCHID LAKE RD
NEW PT RICHEY, FL 34653

New Mailing Address:

6620 ORCHID LAKE RD
NEW PORT RICHEY, FL 346531111 US

FEI Number: 06-1774497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDDY, PATRICIA J
6620 ORCHID LAKE RD
NEW PT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

REDDY, PATRICIA J
6620 ORCHID LAKE RD
NEW PORT RICHEY, FL 346531111 US

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.

SIGNATURE: PATRICIA J REDDY

02/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERAS, JOYCE L
Address: 5334 HALTATA CT
City-St-Zip: NEW PT RICHEY, FL 34655

Title: VPD () Delete
Name: REDDY, PATRICIA J
Address: 4546 FORT SHAW DR
City-St-Zip: NEW PT RICHEY, FL 34655

Title: S () Delete
Name: PADUA, DENISE M
Address: 12239 ROSELAND DR
City-St-Zip: NEW PT RICHEY, FL 34654

Title: T () Delete
Name: SEDLACCK, KATHLEEN J
Address: 5128 HAWTHORNE LN
City-St-Zip: LISLE, IL 60532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GERAS, JOYCE L
Address: 5334 HALTATA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD (X) Change () Addition
Name: REDDY, PATRICIA J
Address: 4546 FORT SHAW DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S (X) Change () Addition
Name: PADUA, DENISE M
Address: 12239 ROSELAND DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T (X) Change () Addition
Name: SEDLACEK, KATHLEEN J
Address: 5128 HAWTHORNE LN
City-St-Zip: LISLE, IL 60532

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J REDDY

VP

02/22/2007

Electronic Signature of Signing Officer or Director

Date