2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000024638

1. Entity Name
DJW INVESTMENTS, INC.



Principal Place of Business 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34690 Mailing Address P.O. BOX 3649

HOLIDAY, FL 34690-0649 US

FILED Jan 22, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01132004 No Chg-P CR2E034 (10/03)

I. FEI Number		Applied For
59-3179355		Not Applicable
. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAYMOND, CECIL 5410 DARLINGTON ROAD HOLIDAY, FL 34690

SIGNATURE: _

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 reinstatiog) DATE						
	E NOW!!! FEE IS \$150.90 ay 1, 2004 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	D WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691				U00000009850	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLLINKA, JOHN E 2312 U.S. HWY. 19 HOLIDAY, FL 34691				U00000009850 01/22/04-80007-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET AODRESS CHY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET AUDRESS CRY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 anapowered 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 party like empowered.						