


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90052 038 \*\*\*150.00

<b>DOCUMENT # P93000024638</b>					
<b>1. Entity Name</b> DJW INVESTMENTS, INC.					
<b>Principal Place of Business</b> 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34690			<b>Mailing Address</b> P.O. BOX 3649 HOLIDAY, FL 34690-0649 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3204 Alternate 19		<b>3. Mailing Address</b> 3204 Alternate 19			
Suite, Apt. #, etc. XXXXXXXXXX		Suite, Apt. #, etc. XXXXXXXXXX			
City & State Palm Harbor, FL		City & State Palm Harbor, FL		<b>4. FE! Number</b> 59-3179355	
Zip 34683		Country Pinellas		Zip 34683	
Country Pinellas		Country Pinellas		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  3204 Alternate 19 City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34683</b>		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3204 Alternate 19 Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> _____				727/9374177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	