2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

Daytime Phone

1. Entity Nam D.J.'S AU Principal Plac 1335 MARCH JACKSONVILI	PE OF BUSINESS HECK STREET LE, FL 32211	Mailing Address 1335 MARCHECK STREET JACKSONVILLE, FL 32211			Chg-P CR2E034 (10/03) Applied For Not Applicable S8.75 Additional Fee Required
1335 MER	6. Name and Address of Current Reg J, DANIEL C ICHECK STREET IVILLE, FL 32211	stered Agent	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 reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	S. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	
10. TILE NAME STREET ADDRESS GITY ST-ZIP TITLE NAME STREET ADDRESS	PTD JOHNSON, DANIEL C 5276 MAGNOLIA CIRCLE NO JACKSONVILLE, FL 32211 VSD JOHNSON, VICKY 5276 MAGNOLIA CIRCLE NO	CTORS		0	
CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE, FL 32211	· · · · · · · · · · · · · · · · · · ·			OT WRITE S SPACE
CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP HITLE		<u> </u>			
indicated of the cor	i on this report or supplemental report is true	and accurate and that my signal ed to execute this report as requi	ture shall have the :	ection 119.07(3)(i), Florid same legal effect as it n	da Statutes. I further certify that the information hade under oath; that I am an officer or director that my name appears in Block 10 or Block 11 if
SIGNATURE: 1/1/1/1 A. M. 1871 - 2-28-04 904-745-6137					