



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 028 ***150.00

DOCUMENT # P93000077282 1. Entity Name DAYJO FINANCIAL CORP.					
Principal Place of Business 2212 E 4 AVE TAMPA, FL 33605			Mailing Address 2212 E 4 AVE TAMPA, FL 33605		
2. Principal Place of Business 14241 60th St N.		3. Mailing Address 601 Jefferson Davis Hwy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 201		04122005 Chg-P CR2E034 (10/03)	
City & State Clearwater, FL		City & State Fredericksburg, VA		4. FEI Number 59-3219450	
Zip 33760		Country USA		Applied For Not Applicable	
Zip 22401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAKEFORD & DRAKEFORD, P.A. 2212 E 4 AVE TAMPA, FL 33605				7. Name and Address of New Registered Agent Name Drakeford & Drakeford, P.A. Street Address (P.O. Box Number is Not Acceptable) 14241 60th Street North Clearwater City FL Zip Code 33760	
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: <u>Drakeford & Drakeford, P.A. Lisa Repin - agent</u> DATE: <u>4-10-05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAPHEER, D.J. <input type="checkbox"/> Delete 2212 E 4 AVE TAMPA, FL 33605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schapheer, D.J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 4534 Lancaster, CA 93539	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Daisy J. Schapheer</u> <u>Daisy J. Schapheer</u> <u>4-12-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		