

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90078 035 \*\*\*150.00

**DOCUMENT # P93000077282**

1. Entity Name  
**DAYJO FINANCIAL CORP.**



**40046490**



Principal Place of Business  
**14241 60TH ST N.  
CLEARWATER, FL 33760**

Mailing Address  
**601 JEFFERSON DAVIS HWY  
STE 201  
FREDERICKSBURG, VA 22401**

2. Principal Place of Business - No P.O. Box #  
**11668 N. Hercules Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Unit E**

01052007 Chg-P CR2E034 (12/06)

City & State  
**Clearwater, FL**

City & State

4. FEI Number  
**59-3219450**

Applied For  
Not Applicable

Zip  
**33765**

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**DRAKEFORD & DRAKEFORD, P.A.  
14241 60TH STREET NORTH  
CLEARWATER, FL 33760**

Name

Street Address (P.O. Box Number is Not Acceptable)

**11668 N. Hercules Ave**

**Unit E**

City  
**Clearwater**

**FL**

Zip Code  
**33765**

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

**WALTER DRAKEFORD**

**3-30-07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **D.J. SCHAPHEER**  
STREET ADDRESS **P.O. BOX 4534**  
CITY-ST-ZIP **LANCASTER, CA 93539**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

**Daisy Schapheer**

**Daisy Schapheer**

**3-30-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #