

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083130

Entity Name: DJON'S RESTAURANT, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

522 OCEAN AVE.
MELBOURNE, FL 32951

New Principal Place of Business:

Current Mailing Address:

249 5TH AVENUE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-3211632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEPAJ, DJON
249 5TH AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEPAJ, DJON PRES
Address: 249 5TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: PEPAJ, MELINDA VP
Address: 249 5TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PEPAJ, DJON
Address: 249 5TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP (X) Change () Addition
Name: PEPAJ, MELINDA VP
Address: 249 5TH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DJON PEPAJ

PRES

01/04/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date