


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90011 047 ***150.00

DOCUMENT # P94000072132	
1. Entity Name DJG, INC.	

Principal Place of Business 11480 PINE STREET JACKSONVILLE, FL 32258 US	Mailing Address PO BOX 56644 JACKSONVILLE, FL 32241 US
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40058470



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
DUDLEY, DANIEL P 11476 PINE STREET JACKSONVILLE, FL 32258	

4. FEI Number 59-3272312	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D DUDLEY, GARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11480 PINE STREET	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32258	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DUDLEY, DANIEL P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11484 PINE STREET	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32258	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DUDLEY, JOHNNY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11478 PINE STREET	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32258	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE:

Gary L. Dudley Gary L. Dudley 3-31-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

910-1728

Daytime Phone #