
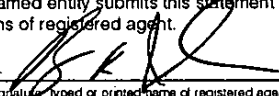


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90036 046 \*\*\*150.00

<b>DOCUMENT # P95000003670</b>			
1. Entity Name <b>DU-J'S, INC.</b>			
Principal Place of Business <b>20 43RD AVE. VERO BEACH FL 32968</b>		Mailing Address <b>1225 45TH CT SW VERO BEACH FL 32968 US</b>	
2. Principal Place of Business <b>7150 20th Street</b>		3. Mailing Address <b>4412 5TH PLACE SW</b>	
Suite, Apt. #, etc. <b>Suite B</b>		Suite, Apt. #, etc.	
City & State <b>Vero Beach, FL.</b>		City & State <b>VERO BEACH FL</b>	
Zip <b>32966</b>	Country	Zip <b>32968</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>JACKSON, JOHN A 20 43RD AVE. VERO BEACH FL 32968</b>		7. Name and Address of New Registered Agent Name <b>Brian K. Jenkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>7150 20th Street, Suite B</b> City <b>Vero Beach, FL</b> Zip Code <b>32966</b>	
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 <b>3/14/05</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DURRELL, DAVID B 1146 MIRACLE MILE VERO BEACH FL 32960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4750 64th Avenue Vero Beach, FL 32967</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JENKINS, BRIAN K 7150 20TH ST., SUITE B VERO BEACH FL 32966</b> <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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-14-05**

Date

**772-562-1520**

Daytime Phone #