

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 19, 2005 8:00 am  
Secretary of State**

04-19-2005 90393 048 \*\*\*150.00

DOCUMENT # P95000084743		
1. Entity Name D. J. CONTRACTING OF JACKSONVILLE, INC.		

Principal Place of Business 308 PICKETVILLE RD JACKSONVILLE, FL 32220 US	Mailing Address 4196 HERSCHEL ST. STE. 1 JACKSONVILLE, FL 32210 US
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2. Principal Place of Business 4196 HERSCHEL Street Suite 1	3. Mailing Address Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State
Zip 32210	Country US
6. Name and Address of Current Registered Agent	

COLD, KATHLEEN H ONE INDEPENDENT DR STE 2301 JACKSONVILLE, FL 32202
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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

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, DONNA J 4156 HERSCHEL ST., STE. 1 JACKSONVILLE, FL 32210	<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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-05 904-786-5652  
Date Daytime Phone #