

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90002 014 ***150.00

DOCUMENT # P95000088934			
1. Entity Name DJKT ENTERPRISES INC.			
Principal Place of Business 848 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32304 US		Mailing Address 848 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32304-2714 US	
2. Principal Place of Business 1420 TENNESSEE CAPITAL BLVD Suite, Apt. #, etc.		3. Mailing Address 1420 TENNESSEE CAPITAL BLVD Suite, Apt. #, etc.	
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL	
Zip 32303	Country US	Zip 32303	Country US
4. FEI Number 59-3350390		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYE, JIMMY 317 E. CALL STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, FL Zip Code	
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's signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D LEONE, DONALD T 848 BLOUNTSTOWN HWY STE F TALLAHASSEE, FL 32304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1420 TENNESSEE CAPITAL BLVD. TALLAHASSEE, FL 32303 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONE, JEAN A 848 BLOUNTSTOWN HWY STE F TALLAHASSEE, FL 32304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1420 TENNESSEE CAPITAL BLVD TALLAHASSEE, FL 32303 ☒ Change ☐ Addition
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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	