


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90017 029 ***150.00

DOCUMENT # P95000088934 1. Entity Name DJKT ENTERPRISES INC.			
Principal Place of Business 1420 TENNESSEE CAPITAL BLVD TALLAHASSEE, FL 32303 US		Mailing Address 1420 TENNESSEE CAPITAL BLVD TALLAHASSEE, FL 32303 US	
2. Principal Place of Business 5096 TENNESSEE CAPITAL BLVD. Suite, Apt. #, etc.		3. Mailing Address 5096 TENNESSEE CAPITAL BLVD. Suite, Apt. #, etc.	
City/State TALLAHASSEE, FL. Zip 32303 Country US		City/State TALLAHASSEE, FL. Zip 32303 Country US	
4. FEI Number 59-3350390		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONE, DONALD T. 1420 TENNESSEE CAPITAL BLVD TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONE, DONALD T. 5096 TENNESSEE CAPITAL BLVD. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONE, JEAN A 1420 TENNESSEE CAPITAL BLVD TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONE, JEAN A. 5096 TENNESSEE CAPITAL BLVD. TALLAHASSEE, FL 32303
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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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: Donald T. Leone 1-5-05 850-576-4780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #