

2008 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2008 90158 030 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40000000



04292008 Chg-P CR2E034 (12/06)

DOCUMENT # P96000003242			
1. Entity Name DJD, INC.			
Principal Place of Business 17192 ALICO CENTER RD FORT MYERS, FL 33967 US		Mailing Address 17192 ALICO CENTER RD FORT MYERS, FL 33967 US	
2. Principal Place of Business - No P.O. Box # 12734 Kenwood Ln Suite, Apt. #, etc. Ste 72 City & State Fort Myers FL Zip 33907 Country		3. Mailing Address 12734 Kenwood Ln Suite, Apt. #, etc. Ste 72 City & State Fort Myers FL Zip 33907 Country	
4. FEI Number 65-0646903		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVISON-DENNIS J 7961 TIGER PALM WAY FORT MYERS, FL 33966		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PD DAVISON, DENNIS J 17192 ALICO CENTER ROAD FORT MYERS, FL 33967 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Davison, Dennis J 12734 Kenwood Ln Ste 72 Fort Myers FL 33907 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVISON, LYNNE M 17192 ALICO CENTER ROAD FORT MYERS, FL 33967 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Davison, Lynne M 12734 Kenwood Ln Ste 72 Fort Myers FL 33907 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 all other like empowered.			
SIGNATURE:		Date: 4/30/08 (239) Daytime Phone #: 267-2400	