

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000039799

1. Entity Name
DJL MANAGEMENT SERVICES, INC.



Principal Place of Business
DJL MANAGEMENT SERVICE
317 RIVEREDGE BOULEVARD
COCOA, FL 32922

Mailing Address
ATTN: TINA S. RANCK
317 RIVEREDGE BOULEVARD
COCOA, FL 32922 US



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3379112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LONG, DONALD J
317 RIVEREDGE BOULEVARD
COCOA, FL 32922

**DO NOT WRITE
IN THIS SPACE**

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
LONG, DONALD J
317 RIVEREDGE BOULEVARD
COCOA, FL 32922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VT
RANCK, TINA S
317 RIVEREDGE BOULEVARD
COCOA, FL 32922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/04/05-80019-022 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-26-05

Date

Daytime Phone #