2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 13, 2007 8:00 am Secretary of State DOCUMENT # P96000090421 1. Entity Name 02-13-2007 90047 006 ***150.00 D & J SEAL, INC. Principal Place of Business Mailing Address 214 LOWE ROAD 214 LOWE ROAD LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State Applied For 4. FEI Number 59-3413191 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEAL, DONALD B Street Address (P.O. Box Number is Not Acceptable) 214 LOWE ROAD LEESBURG FL 34748 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete BILL □ Сћалде ☐ Addition SEAL, DONALD B NAME NAME 214 LOWE ROAD STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY - ST - ZIP VPST TITLE Delete TITLE Change Addition SEAL DONALD B. 214 LOWE ROAD LEESBURG, FL 34748 SEAL, JOANN NAME NAME 214 LOWE ROAD STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY S1-ZIP CUY SI-ZIP HILLE ☐ Delete TIME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change TITLE ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP HILE ☐ Delete THE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ITILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early 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.

DONALD B. SEAL JANUARY 30, 2007 352-728-8283

FILED