


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000048259	
1. Entity Name DPJL, INC.	

Principal Place of Business 4456 TAMiami TRAIL-4541 CHARLOTTE HARBOR, FL 33980	Mailing Address P.O. BOX 1088 NEW LISKEARD ONTARIO CANADA PO11PO, XX
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DO NOT WRITE IN THIS SPACE



03112006 No Chg-P CR2ED34 (11/05)

4. FEI Number 65-0838276	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LACHAPELLE, JEAN P 4456 TAMiami TRAIL-4541 CHARLOTTE HARBOR, FL 33980
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000475606 04/05/06 88922 006 150.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACHAPELLE, DIANE J 4456 TAMiami TRAIL-4541 CHARLOTTE HARBOR, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LACHAPELLE, JEAN P 4456 TAMiami TRAIL-4541 CHARLOTTE HARBOR, FL 33980
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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: Diane Lachapelle March 16, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #