

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90010 044 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P97000060001</b><br>1. Entity Name<br><b>DEE JAY MITCHELL, INC.</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>PALM COURT MOTEL<br/>2090 BAYSHORE BLVD<br/>DUNEDIN, FL 34698</b>   |   |   | Mailing Address<br><b>PALM COURT MOTEL<br/>2090 BAYSHORE BLVD<br/>DUNEDIN, FL 34698</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br><b>59-3469881</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>PALM COURT MOTEL<br/>2090 BAYSHORE BLVD<br/>DUNEDIN, FL 34698</b>  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name <b>HOGG, DAVID</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Palm Court Motel<br/>2090 Bayshore Blvd.</b><br>City <b>Dunedin</b> <b>FL</b> Zip Code <b>34698</b> |   |  |
| 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.<br><br>SIGNATURE <span style="float: right;">30 Aug 04</span><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD <b>HOGG, DAVID</b> <input type="checkbox"/> Delete<br><b>2090 BAYSHORE BOULEVARD<br/>DUNEDIN, FL 34698</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PDST <b>HOGG, DAVID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2090 Bayshore BLVD<br/>Dunedin, FL 34698</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>   |   |   | 30 Aug 04 (727) 736-0441<br><small>Date Daytime Phone #</small>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |   |  |