

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90088 008 \*\*\*150.00

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01112005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000097537</b>					
1. Entity Name D W J MANAGEMENT CO. INC.					
Principal Place of Business 8726 GREAT COVE DRIVE ORLANDO, FL 32819			Mailing Address 8726 GREAT COVE DRIVE ORLANDO, FL 32819		
2. Principal Place of Business 8520 VIA BELLA NOTTE DR Suite, Apt. #, etc.			3. Mailing Address 8520 VIA BELLA NOTTE DR Suite, Apt. #, etc.		
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 59-3483627	
Zip 32836		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPHS, DELROY JR 8726 GREAT COVE DRIVE ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name DELROY JOSEPHS, JR. Street Address (P.O. Box Number is Not Acceptable) 8520 VIA BELLA NOTTE DR City ORLANDO FL Zip Code 32836		
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: <i>Delroy Josephs</i> (NOTE: Registered Agent signature required when reinstating) DATE: 01-18-2005					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 JOSEPHS, DELROY JR 8726 GREAT COVE DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPHS, DELROY JR. 8520 VIA BELLA NOTTE ORLANDO FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <i>Delroy Josephs</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 01-18-2005 (407) 921-0660		