

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000106046**

1. Entity Name  
**KDJGP, INC.**



Principal Place of Business  
**280 GULF BLVD.  
BELLEAIR SHORES, FL 33786**

Mailing Address  
**3550 CORPORATE WAY, SUITE C  
DULUTH, GA 30096**



02012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2365165**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DORMAN, JAMES M  
280 GULF BLVD.  
BELLEAIR SHORES, FL 33786**

**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	P
NAME	DORNAN, JAMES M
STREET ADDRESS	280 GULF BLVD
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786
TITLE	V
NAME	DORNAN, NANCY
STREET ADDRESS	280 GULF BLVD
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786
TITLE	ST
NAME	BRINK, MEAR
STREET ADDRESS	2303 NORTH 44TH STREET, STE. 147720
CITY-ST-ZIP	PHOENIX, AZ 85008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000218463  
02/07/05-80066-010 150.00

**DO NOT WRITE  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-2-05**

Date

**(770) 622-2121**

Daytime Phone #