


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90085 043 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 2052 Ben Franklin Dr.		3. Mailing Address Suite, Apt. #, etc. #201			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 59-2365165	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DORMAN, JAMES M 280 GULF BLVD. BELLEAIR SHORES, FL 33786			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P DORNAN, JAMES M 280 GULF BLVD BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2052 Ben Franklin Dr #201 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DORNAN, NANCY 280 GULF BLVD BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2052 Ben Franklin Dr #201 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRINK, MEAR 2303 NORTH 44TH STREET, STE. 147720 PHOENIX, AZ 85008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4301 E Calle Redondo Phoenix, AZ 85018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/13/07 <small>Daytime Phone #</small>		