

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000028777

1. Entry Name
DNJ ADVERTISING AGENCY, INC.



Principal Place of Business
1630-22ND STREET NORTH
ST. PETERSBURG FL 33713

Mailing Address
1630-22ND STREET NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

City & State
City & State

Zip **Country** **Zip** **Country**



MOORE CR2E034 (11/03)

4. FEI Number **59-3502433** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, JOYCE A
1630-22ND STREET NORTH
ST. PETERSBURG FL 33713

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOD** ☐ **Delete**
NAME **WOODWARD, TERRY D**
STREET ADDRESS **1630-22ND STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ **Delete**
NAME **HAYMANS, TONIA**
STREET ADDRESS **1630-22ND STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ **Change** ☐ **Addition**
NAME **000000101012**
STREET ADDRESS **04/02/04 80028-021 150.00**
CITY-ST-ZIP

TITLE **T** ☐ **Delete**
NAME **PERKINS, JOYCE A**
STREET ADDRESS **1630-22ND STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ **Delete**
NAME **RACKLEY, NANCY L**
STREET ADDRESS **1630-22ND STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Tonia Hayman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 261-2217
DATE **Daytime Phone #**