2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P99000098685 1. Entity Name D & J ENTERPRISES OF BRANDON, INC. Principal Place of Business Mailing Address P O BOX 1755 BRANDON FL 33509 P O BOX 1755 BRANDON FL 33509 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3611468 Not Applicable Zin Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNT, DONALD 1208 LADY ELAINE DR Sirect Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 City 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. Significie, typed or printed name of registered agent and tills it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change HUNT, DONALD NAVÆ 3143.K STREET ADDRESS P O BOX 1755 STREET ADDRESS BRANDON FL 33509-1755 CITY - ST - ZIP CITY-ST-ZIP Chance Addition THILE ☐ Delete HILE HAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZEP CITY-ST-ZIP <u>U00000052218</u> 02/16/04-80082-021□**50**000 □ Addition TITLE ☐ Delete DBF NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Dolete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete Ten.s ☐ Change Addition 7133 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Dalete TITLE Addition NAME NAME STREET MODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath; 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 ampowered.

SIGNATURE:

FILED

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