


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # V17271	
1. Entity Name TDJ, INC.	

Principal Place of Business 2502 ROCKY POINT DRIVE SUITE 180 TAMPA, FL 33607 US	Mailing Address P O BOX 6955 LAKELAND, FL 33807 US
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DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3110615	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAYVAULT JAMES C 5328 GLENMORE DRIVE LAKELAND, FL 33813	DO NOT WRITE IN THIS SPACE
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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 date if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAYVAULT, JAMES C 5328 GLENMORE DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLZ, ROBERT A 1930 MATTHEW COURT LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/06-80088-024 150.00

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:  James C. Dayvault, 4-12-06 863-646-5021	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

DO NOT WRITE IN THIS SPACE		
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