


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90548 049 ***150.00

DOCUMENT # P36849
 1. Entity Name
EDJ HOLDING COMPANY, INC.



Principal Place of Business: **201 PROGRESS PKWY. MARYLAND HEIGHTS, MO 63043**
 Mailing Address: **12555 MANCHESTER RD TAX DEPT ST LOUIS, MO 63131**

20050434



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

03222005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **43-1449982**
 Applied For: Not Applicable:

Zip: Country

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SO. PINE ISLAND RD.
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 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, 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: DCP <input type="checkbox"/> Delete	NAME: HILL, DOUGLAS E
STREET ADDRESS: 12555 MANCHESTER RD.	CITY-ST-ZIP: SAINT LOUIS, MO 63131
TITLE: VP <input checked="" type="checkbox"/> Delete	NAME: POPE, DARRYL L.
STREET ADDRESS: 201 PROGRESS PKWY.	CITY-ST-ZIP: MARYLAND HEIGHTS, MO
TITLE: S <input type="checkbox"/> Delete	NAME: SOBOL, LAWRENCE R.
STREET ADDRESS: 201 PROGRESS PKWY.	CITY-ST-ZIP: MARYLAND HEIGHTS, MO
TITLE: T <input type="checkbox"/> Delete	NAME: STEVEN NOVIK
STREET ADDRESS: 201 PROGRESS PKWY.	CITY-ST-ZIP: MARYLAND HEIGHTS, MO
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: STEVE NOVIK Date: _____ Daytime Phone #: 314-515-4974