

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # J52086
 1. Entity Name
 A.J. & L.E. ENTERPRISES, INC.



Principal Place of Business 3670 DIXIE HWY NE 7 PALM BAY, FL 32905 US	Mailing Address 3670 DIXIE HWY NE #7 PALM BAY, FL 32905 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2756854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRESE, GARY B, ESQUIRE
 930 S. HARBOR CITY BLVD
 SUITE 505
 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRAHN, RYAN 3670 DIXIE HWY. NE #7 PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS KRAHN, CAROL 3670 DIXIE HWY. NE #7 PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/06/04-80012-004 150.00

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12. I hereby certify that the information supplied with this filing 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 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: Carol Krahn Carol Krahn 4/3/04 321-725-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #