2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED Apr 27, 2007 08:00 AM Secretary of State

Г	\cap	CI	IIN	ΛF	N٦	Γ#	เ ค	հ	ദ	ეც	Ì
L	\sim	\mathbf{v}	יוע	viL.		777	$ \circ$	v	v	-	,

1. Entity Name

A J & R CORPORATION



Principal Place of Business

Mailing Address

2883 N HANNON HILL DR. TALLAHASSEE, FL 32309 2883 N HANNON HILL DR. TALLAHASSEE, FL 32309



DO	NOT	WRITE	IN THIS	SPACE
		**:		

04262007	No Chg-P	CRZ	E034 (11/05)
4. FEI Number			Applied For
59-3004	756		Not Applicable
5. Certificate o	f Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, JACK L. 2883 N. HANNON HILL DR TALLAHASSEE, FL 32308

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, JACK L. 2883 N. HANNON HILL DRIVE TALLAHASSEE, FL 32309				U000 <u>0</u> 0740126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/14/07-80054-021 150.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME SIREET ADDRESS CITY-ST-ZIP				Olevania de Companya de Compan			
12. I hereby (certify that the information supplied with this fi	lling does not quality for the exe	mptions co	ntained in Chapter 11:	9, 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.

Umstrong TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK L. ARMSTRONG

850 893-6141