


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P0000038127**  
1. Entity Name  
**AJAR INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address  
1091 SE 59TH ST                      1091 SE 59TH ST  
OCALA, FL 34480                      Ocala, FL 34480

**DO NOT WRITE IN THIS SPACE**



03092006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3649251**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.  
4 SE BROADWAY  
OCALA, FL 34470

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1000000472401  
03/29/06-80035-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCHETTINE, WILLIAM C
STREET ADDRESS	1091 SE 59TH ST
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** W.C. Schettine      William C. Schettine      3-13-06      716-358-2915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Cell/Office Phone #