


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000095707 1. Entity Name A.J. HOMES, INC.	
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Principal Place of Business 2322 SW 30TH ST CAPE CORAL FL 33914	Mailing Address 2322 SW 30TH ST CAPE CORAL FL 33914
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

4. FEI Number **60-0002655** Applied For
Not Applied

6. Name and Address of Current Registered Agent VOSS, ARTHUR J 2322 SW 30TH ST CAPE CORAL FL 33914	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD VOSS, ARTHUR J	<input type="checkbox"/>
STREET ADDRESS	2322 SW 30TH ST	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE NAME	STD VOSS, MICHELLE T	<input type="checkbox"/>
STREET ADDRESS	2322 SW 30TH ST	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			

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02/08/06-80015-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I am empowered.

SIGNATURE: Arthur J. Voss **Arthur J. Voss** 1/26/06 239945-2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR