

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000098058

**FILED  
Apr 21, 2009  
Secretary of State**

**Entity Name:** AJ HOLSTON ENTERPRISE, INC

**Current Principal Place of Business:**

**New Principal Place of Business:**

112 MT ZION RD.  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

**New Mailing Address:**

112 MT ZION RD.  
CRAWFORDVILLE, FL 32327

**FEI Number:** 59-3748215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HOLSTON, AUDREY L  
112 MT. ZION RD.  
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLSTON, AUDREY L  
Address: 112 MT. ZION RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Delete  
Name: HOLSTON, JEFFREY  
Address: 112 MT ZION RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY HOLSTON

V

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date