


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000059802

1. Entity Name
A J AQUA PRODUCTS INC



Principal Place of Business
**2201 SE INDIAN STREET
 STUART, FL 34997**

Mailing Address
**PO BOX 805
 PT SALERNO, FL 34992**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number
41-2044438

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JOST, ARTHUR
 5995 SE GENERAL LEE TERR
 STUART, FL 34997**

7. Signature of Registered Agent

Arthur Jost

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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$350.00**

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	P JOST, ARHTUR 5995 SE GENERAL LEE TERRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOST, MARGARET 5995 SE GENERAL LEE TERRACE STUART, FL 34997
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. Signature of Officer or Director

Margaret Jost

1000000660001
 03/19/07-80009-010 150.00

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: *Margaret Jost* **3/6/07** **772-219-8699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #