

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000021137

Entity Name: AJ HP LONGEVITY, INC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8574 S. LAKE CIRCLE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

8574 S. LAKE CIRCLE  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 26-0496362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWAN, LAWRENCE  
709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914 US

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

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:**

Title: PD  
Name: JOSEPH, ALEXANDER  
Address: 8574 S. LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: VSTD  
Name: JOSEPH, ALEXANDER  
Address: 8574 S. LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDER JOSEPH

PD

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date