


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90074 044 ***150.00

DOCUMENT # H36734
 1. Entity Name
AJS ASSOCIATES, INC.



Principal Place of Business Mailing Address
~~200 EXECUTIVE WAY~~ ~~PONTE VEDRA FL 32082~~
~~200 EXECUTIVE WAY~~ ~~PONTE VEDRA FL 32082~~

2. Principal Place of Business 3. Mailing Address
1505 1ST ST SOUTH **1505 1ST ST SOUTH**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 601 **UNIT 601**

City & State City & State
JACKSONVILLE BEACH, FL **JACKSONVILLE BEACH, FL**
 Zip Country Zip Country
32250 **DUVAL** **32250** **DUVAL**

4. FEI Number **59-2482044** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SPURIA, A J
~~200 EXECUTIVE WAY~~
~~PONTE VEDRA FL 32082~~
1505 1ST ST SOUTH UNIT 601
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

B. 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 *A. J. Spuria* DATE 4/20/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SPURIA, A J 200 EXECUTIVE WAY 1505 1ST ST SOUTH (601) PONTE VEDRA FL 32082 JACKSONVILLE BEACH FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *A. J. Spuria* **A. J. Spuria** DATE 4/20/04 904-372-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #