


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 362367
 1. Entity Name
A.J. JOHNS, INC.



Principal Place of Business
 3225 ANNISTON ROAD
 JACKSONVILLE, FL 32246

Mailing Address
 3225 ANNISTON ROAD
 JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1289863

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, A J
 3225 ANNISTON RD
 JACKSONVILLE, FL 32246

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000345073
 04/30/05-80020-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SCHMITT, RYAN M.
STREET ADDRESS	506 A OCEANFRONT
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	PSTD
NAME	JOHNS, A J
STREET ADDRESS	12608 MANDARIN RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	JOHNS, MARK V
STREET ADDRESS	4751 S. PRAVER DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	JOHNS, TERESA ANN
STREET ADDRESS	11850 HIDDEN STAGE COACH CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Johns **3/31/05** **904-641-2055**

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