

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 526352

FILED
Apr 09, 2008
Secretary of State

Entity Name: AMJ, INC. OF GAINESVILLE

Current Principal Place of Business:

502 NW 16TH AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

502 NW 16TH AVENUE
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-1724664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, MICHAEL E
502 NW 16TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

WARREN, MICHAEL E
502 NW 16TH AVENUE
GAINESVILLE, FL 32601 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: MICHAEL E. WARREN

04/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WARREN, PHYLLIS P.,
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE FL,

Title: PD () Delete
Name: WARREN, MICHAEL E.,
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE FL,

Title: V () Delete
Name: BUCHANAN, SCOTT
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL

Title: SV () Delete
Name: KABLER, PHILIP N
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WARREN, PHYLLIS P
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: PD (X) Change () Addition
Name: WARREN, MICHAEL E
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: V (X) Change () Addition
Name: BUCHANAN, SCOTT
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: SV (X) Change () Addition
Name: KABLER, PHILIP N
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

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: PHILIP N. KABLER

S

04/09/2008

Electronic Signature of Signing Officer or Director

Date