

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 526352

FILED
Apr 13, 2010
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:

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: TD
Name: WARREN, PHYLLIS P
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

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

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

Title: S
Name: WARREN, PHYLLIS P
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

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: MICHAEL E. WARREN

PD

04/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date