

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000004252

1. Entity Name
THE ARONOV CORPORATION



Principal Place of Business
**P.O. BOX 235000
MONTGOMERY, AL 36123-5000**

Mailing Address
**P.O. BOX 235000
MONTGOMERY, AL 36123-5000**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1078790	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	ARONOV, JAKE F
STREET ADDRESS	3500 EASTERN BLVD.
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	VD
NAME	ARONOV, OWEN
STREET ADDRESS	3500 EASTERN BLVD.
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	ST
NAME	AUTREY, JENNIFER P
STREET ADDRESS	3500 EASTERN BLVD.
CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000529915
05/05/06-80092-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

Jennifer P. Autrey **4-19-06 334-277-1000**