


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90094 020 \*\*\*150.00

<b>DOCUMENT # F02000000968</b> 1. Entity Name AL-JON INC.	
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Principal Place of Business 14599 2ND AVENUE OTTUMWA, IA 52501	Mailing Address 14599 2ND AVENUE OTTUMWA, IA 52501
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02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1033504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  STEWART, JOHN 2121 W. FIRST STREET FORT MYERS, FL 33901
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KNEEN, KENDIG K 10629 BLADENSBURG ROAD OTTUMWA, IA 52501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KNEEN, TIMOTHY B 2739 W. WOLFENBERGER SEDALIA, CO 80135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KNEEN, JON H 4151 GULF SHORE BLVD., NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/14/05</u> Daytime Phone # <u>641-682-4506</u>
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