

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90050 039 ***150.00

DOCUMENT # F20071

1. Entity Name

A & J COMMERCIAL SEATING, INC.



Principal Place of Business

10485 S.E. 158TH PLACE
SUMMERFIELD FL 34491
US

Mailing Address

10485 S.E. 158TH PLACE
SUMMERFIELD FL 34491
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2052789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COY, TAMMY L VP
2901 SW 41 ST
1512
OCALA FL 34474

Name

JUDY PLATT

Street Address (P.O. Box Number is Not Acceptable)

10485 SE 158 PL

City

SUMMERFIELD

FL

Zip Code

34491

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

Judy Platt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007: Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PLOURDE, JOHN F
10485 S.E. 158TH PL.
SUMMERFIELD, FL FL 34491 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
V
COY, TAMMY
10485 S.E. 158TH PL.
SUMMERFIELD FL 34491 ☐ Delete

TITLE
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PLOURDE, NORMA
10485 S.E. 158TH PL.
SUMMERFIELD FL 34491 ☐ Delete

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

John F. Plourde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07