


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J52086 1. Entity Name A.J. & L.E. ENTERPRISES, INC. |  |
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| Principal Place of Business 3670 DIXIE HWY NE 7 PALM BAY, FL 32905 US | Mailing Address 3670 DIXIE HWY NE #7 PALM BAY, FL 32905 US |
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2756854 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent FRESE, GARY B, ESQUIRE 930 S. HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000104450 04/06/04-80012-004 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KRAHN, RYAN 3670 DIXIE HWY. NE #7 PALM BAY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPDS KRAHN, CAROL 3670 DIXIE HWY. NE #7 PALM BAY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Carol Krahn Carol Krahn 4/3/04 321-725-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #