


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90029 022 ***158.75


DOCUMENT # M78368

1. Entity Name
AJT & ASSOCIATES, INC.



Principal Place of Business 8910 ASTRONAUT BLVD STE 300 CAPE CANAVERAL, FL 32920 US	Mailing Address 8910 ASTRONAUT BLVD STE 300 CAPE CANAVERAL, FL 32920 US
---	---

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2883552	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TERAN, ALFREDO J
 808 W CENTRAL BLVD
 CAPE CANAVERAL, FL 32920**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERAN, ALFREDO J. 808 W. CENTRAL BLVD CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEEKS, PETER C. 2170 REYNARD PLACE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOOD, RICHARD G. 255 BANANA BLVD. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERARD, MARCO 4780 YUMA TRAIL MERRITT ISLAND, FL 32953 <i>Remove</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 empowers.

SIGNATURE:  **3-28-08** **321-783-7989**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #