

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90224 006 ***150.00

DOCUMENT # P00000063895

1. Entity Name
AJC 2000 MANAGEMENT TEAM, INC.



Principal Place of Business
1410 SONATA CT
NAVARRE BEACH, FL 32566

Mailing Address
1410 SONATA CT
NAVARRE BEACH, FL 32566

J0010471

2. Principal Place of Business

211 South Baylen St
Suite, Apt. #, etc.

3. Mailing Address

211 South Baylen St
Suite, Apt. #, etc.



04212006 Chg-P CR2E034 (11/05)

City & State

Pensacola, Florida

City & State

Pensacola, Florida

4. FEI Number
59-3655962

Applied For
Not Applicable

Zip
32501

Country

Zip

32501

Country

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

6. Name and Address of Current Registered Agent

ROCKEN, ANTHON M
1410 SONATA CT
NAVARRE BEACH, FL 32566

7. Name and Address of New Registered Agent

Name Arthur M. Rocker
Street Address (P.O. Box Number is Not Acceptable)
211 South Baylen Street
City Pensacola FL Zip Code 32501

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME CHAVIS-ROCKER, ANGEL J
STREET ADDRESS 1410 SONATA CT
CITY-ST-ZIP NAVARRE BEACH, FL 32566

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

TITLE D ☐ Delete
NAME ROCKER, ARTHUR M
STREET ADDRESS 1410 SONATA CT
CITY-ST-ZIP NAVARRE BEACH, FL 32566

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 211 South Baylen Street
CITY-ST-ZIP Pensacola, FL 32501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this form 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 #