

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90251 045 ***150.00

DOCUMENT # P01000002701

1. Entity Name
AJ FLOOR MAINTENANCE INC.



Principal Place of Business
**506 71ST AVE #9
ST PETERSBURG, FL 33706**

Mailing Address
**506 71ST AVE #9
ST PETERSBURG, FL 33706**

94072656



2. Principal Place of Business
280 126TH AVE

3. Mailing Address

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State
TREASURE ISLAND

City & State

4. FEI Number
59-3690458

Applied For
Not Applicable

Zip
33706

Country

Zip

Country

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

**JASINAUSKAS, ARTURAS
506 71ST AVE #9
SAINT PETERSBURG, FL 33706**

Name

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

280 126TH AVE., #201

City

TREASURE ISLAND

FL

Zip Code

33706

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

**ARTURAS
JASINAUSKAS**

3/16/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JASINAUSKAS, ARTURAS** (spelling)
STREET ADDRESS **506 71ST AVE #9**
CITY-ST-ZIP **ST PETERSBURG, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **JASINAUSKAS**
STREET ADDRESS **ARTURAS**
CITY-ST-ZIP **280 126TH AVE., #201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **TREASURE ISLAND,**
CITY-ST-ZIP **FL 33706**

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARTURAS JASINAUSKAS
PRES.**

Date

Daytime Phone #

3/16/04 727-367-1156