2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with

SIGNATURE:

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P01000071464 1. Entity Name 04-07-2004 90343 028 \*\*\*158.75 A. C. J. INDUSTRIES INC. Principal Place of Business Mailing Address 2701 S.W. 6TH STREET 2701 S.W. 6TH STREET **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address 1106 NORTH G' STOFE 06 NORTH Suite, Apt. # Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 03-0416594 ALLEWORTH HILEWDITH Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 334<u>60</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD JUNGBERT, EDWARD -III Street Address (P.O. Box Number is Not Acceptable 2701 S.W. 6TH STREET **BOYNTON BEACH FL 33435** Zip Code 334 L City WORTH 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 constered agent. EDWARD SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. JUNGBERT, J. EDWARD THE 1106-13 NORTH "6" STREET **PSTD** TITLE Delete TITLE ☐ Addition JUNGBERT, EDWARD III NAME NAME 2701 S.W. 6TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP FL 33460-2100 TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. Thereby 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

FOWHRDJ

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