

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90002 036 ***150.00

DOCUMENT # P01000077931					
1. Entity Name A & J ENTERPRISES OF SPRING HILL INC.					
Principal Place of Business 9415 BELVEDERE ST SPRING HILL, FL 34608			Mailing Address 9415 BELVEDERE ST SPRING HILL, FL 34608		
2. Principal Place of Business 3301 Scarlet Sage Dr. Suite, Apt. #, etc.		3. Mailing Address 3301 Scarlet Sage Dr. Suite, Apt. #, etc.			
City & State Hernando Beach FL Zip 34607 Country		City & State Hernando Beach FL Zip 34607 Country		4. FEI Number 59-3733995	
6. Name and Address of Current Registered Agent DIBENNETTO, AUGIE 9415 BELVEDERE ST SPRING HILL, FL 34608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3301 Scarlet Sage Dr City Hernando Beach FL Zip Code 34607	
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: <i>John P. Bredelle</i> DATE: 2/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIBENNETTO, AUGIE 9415 BELVEDERE ST SPRING HILL, FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3301 Scarlet Sage Dr Hernando Beach FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIBENNETTO, JOANNE 9415 BELVEDERE ST SPRING HILL, FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3301 Scarlet Sage Dr. Hernando Beach FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.					
SIGNATURE: <i>John P. Bredelle</i> 2/22/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					