


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90364 041 \*\*\*150.00

<b>DOCUMENT # P01000091497</b>		
1. Entity Name ADJ PROPERTIES, INC.		

Principal Place of Business 2820 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118	Mailing Address 727 CENTRAL PARK BLVD PORT ORANGE, FL 32127
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**60029884**



04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 727 Central Park Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pt. Orange FL		City & State	
Zip 32127	Country USA	Zip	Country

4. FEI Number 59-3749155	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HART, JULIE A 2820 S. ATLANTIC AVE. DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name Julie A. Hart Street Address (P.O. Box Number is Not Acceptable) 727 Central Park Blvd City Pt. Orange FL Zip Code 32127	
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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 Julie A. Hart Julie A. Hart vice president DATE 4/18/06

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, JOHN L 727 CENTRAL PARK BLVD PORT ORANGE, FL 32127 <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	V HART, JULIE A 727 CENTRAL PARK BLVD PORT ORANGE, FL 32127 <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: Julie A. Hart Julie A. Hart Vice President DATE 4/18/06 386-255-4469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #