

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90057 039 \*\*\*150.00

**DOCUMENT # P03000029642**

1. Entity Name

AJED, INC.



Principal Place of Business

117 N. CORY DRIVE  
EDGEWATER FL 32141

Mailing Address

117 N. CORY DRIVE  
EDGEWATER FL 32141

2. Principal Place of Business

4383 US HWY #1

Suite, Apt. #, etc.

DOWN STAIRS Apt

City & State

EDGEWATER

Zip 32141

Country

VOL.

3. Mailing Address

117 N. CORY DR

Suite, Apt. #, etc.

#2

City & State

EDGEWATER FL

Zip 32141

Country

VOL.



MOORE

CR2E034 (11/03)

4. FEI Number

76-0728-796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KYLE, EDWIN H  
117 N. CORY DRIVE  
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME KYLE, EDWIN H  
STREET ADDRESS 117 N. CORY DRIVE  
CITY-ST-ZIP EDGEWATER FL 32141

TITLE D ☐ Delete

NAME BLANTON, ARLIS  
STREET ADDRESS 226 JONES AVENUE  
CITY-ST-ZIP SANFORD FL 32773

TITLE S ☐ Delete

NAME WILLIAMS, JUDY  
STREET ADDRESS 117 N. CORY DRIVE  
CITY-ST-ZIP EDGEWATER FL 32141

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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

Edwin KYLE

Date

Daytime Phone #

4-20-04 386 3451191