

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90115 037 \*\*\*150.00

<b>DOCUMENT # P03000079061</b> 1. Entity Name <b>AB &amp; J MANAGEMENT CORP.</b>			
Principal Place of Business <b>5300 N.W. 64TH TERRACE LAUDERHILL, FL 33319</b>		Mailing Address <b>5300 N.W. 64TH TERRACE LAUDERHILL, FL 33319</b>	
2. Principal Place of Business <b>1503 Eagle Nest Cir</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1503 Eagle Nest Cir</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Winter Springs FL</b> Zip Country <b>32708 USA</b>		City & State <b>Winter Springs FL</b> Zip Country <b>32708 USA</b>	
4. FEI Number <b>57-1180061</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>POTTS, WILLIAM D 5300 N.W. 64TH TERRACE LAUDERHILL, FL 33319</b>		7. Name and Address of New Registered Agent Name <b>1503 Eagle Nest Circle</b> <del>1503</del> City <b>Winter Springs FL</b> Zip Code <b>32708</b>	
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  DATE <b>1/18/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<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"/> <b>\$5.00</b> 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	D <input type="checkbox"/> Delete <b>POTTS, WILLIAM D 5300 N.W. 64TH TERRACE LAUDERHILL, FL 33319</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1503 Eagle Nest Cir Winter Springs FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>POTTS, ABBY C 5300 N.W. 64TH TERRACE LAUDERHILL, FL 33319</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1503 Eagle Nest Cir Winter Springs FL 32708</b>
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:		Date <b>1/18/06</b> Daytime Phone # <b>407-971-7626</b>	