


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000091863								
<small>1. Entity Name</small> A & J SPECIALTY SALES, INC.								
<small>Principal Place of Business</small> 2898 COUNTRY CLUB BLVD. ORANGE PARK, FL 32073	<small>Mailing Address</small> P.O. BOX 1056 ORANGE PARK, FL 32067	 01122005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 20-0151978</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 20-0151978	<small>Applied For</small> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required			
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DO NOT WRITE IN THIS SPACE								
<small>6. Name and Address of Current Registered Agent</small> MEAD, MICHAEL A 2898 COUNTRY CLUB BLVD. ORANGE PARK, FL 32073		DO NOT WRITE IN THIS SPACE						
<small>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.</small>								
<table style="width: 100%;"><tr><td style="width: 30%;"><small>SIGNATURE</small> _____</td><td style="width: 40%; text-align: center;"><small>(NOTE: Registered Agent signature required when reinstating)</small></td><td style="width: 30%; text-align: right;"><small>DATE</small> _____</td></tr><tr><td colspan="3" style="font-size: small;"><small>Signature, typed or printed name of registered agent and title if applicable</small></td></tr></table>			<small>SIGNATURE</small> _____	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small> _____	<small>Signature, typed or printed name of registered agent and title if applicable</small>		
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<small>Signature, typed or printed name of registered agent and title if applicable</small>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEAD, MICHAEL A 2898 COUNTRY CLUB BLVD BOSTWICK, FL 320073	DO NOT WRITE IN THIS SPACE						
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<small>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 life empowered</small>								
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> _____ <small>Daytime Phone #</small> _____						