## 2004 FOR PROFIT CORPORATION

## Sep 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000094533 09-03-2004 90001 048 \*\*\*150.00 1. Entity Name AJANIGO, INC. Principal Place of Business Mailing Address 1616 6TH ST. SOUTH EAST 1616 6TH ST. SOUTH EAST 54071573 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 3. Mailing Address 1600 6TH ST. SE 600 GTH ST. SE Suite, Apt. #, etc. Suite, Apt. #, etc. 07242004 Chq-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For HAVEN WINTER HAVEN 3-4254 WINTER Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABUH, YAHAYA F 1616 6TH ST. SOUTH EAST Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33880 LOOP8. 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. O4me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 306 RUBY LAKE LOOP NAME ABUH, YAHAYA F NAME STREET ADDRESS 1616 6TH ST. SOUTH EAST STREET ADDRESS INTER HAVEN, FL. 33884 CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP TID BUH, BRIDGET J. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 06 RUBY LAKE LOOP VINTER HAVEN, FL 33 STREET ADDRESS STREET ADDRESS FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR