2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000026632

1. Entity Name
AJS TANGLEWOOD CORP.

Principal Place of Business	Mailing Address
2930 IMMOKALEE ROAD SUITE 4 NAPLES, FL 34110	2930 IMMOKALEE ROAD SUITE 4 NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #
2950 Immokalee Rd.
Suite, Apt. #, etc. #2
City & State Naplis, FL.
Zip 34110 Country USA

3. Mailing Address
2950 Immokalie Rd.
Suite, Apt. #, etc. #2
City & State Naplis, FL.
Zip 34110 Country USA

02192008 Chg-P CR2E034 (12/06)

4. FEI Number 04-3792312 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALUAN, ANDREW J
2930 IMMOKALEE ROAD
SUITE 4
NAPLES, FL 34110

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SALUAN, ANDREW J		NAME			
STREET ADDRESS	2930 IMMOKALEE ROAD, SUITE 4		STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP			
TITLE		☐ 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			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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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 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: _____ Andrew T. Saluan 4/22/08 239-596-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #