2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029438

Entity Name: AJ'S MOBILE MAINTENANCE, INC.

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
44229 KINGBIRD DRIVE CALLAHAN, FL 320119304 US				44229 KINGBIRD DRIVE NONE CALLAHAN, FL 320119304 US		
Current Mailing Address:				New Mailing Address:		
44229 KINGBIRD DRIVE CALLAHAN, FL 320119304 US				44229 KINGBIRD DRIVE NONE CALLAHAN, FL 320119304 US		
FEI Number:	: 61-1466353	FEI Number Applied For ()	FEI Nun	nber Not Appl		
Name and	Address of C	urrent Registered Agent:		Name and	d Address of New Registered Agent:	
TYNER, ALBERT J 44229 KINGBIRD DRIVE CALLAHAN, FL 320119304 US			TYNER, ALBERT J 44229 KINGBIRD DRIVE NONE CALLAHAN, FL 320119304 US			
	named entity s e of Florida.	submits this statement for the pu	ırpose o	f changing i	its registered office or registered agent, or both,	
SIGNATURE:			03/29/2007			
	Electron	ic Signature of Registered Ager	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DPTS () TYNER, ALBER 44229 KINGBIR CALLAHAN, FL	D DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	NONE () Change (X) Addition NONE, NONE NONE CALLAHAN, FL 320119304 US	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	NONE () Change (X) Addition NONE, NONE NONE CALLAHAN, FL 320119304 US	
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Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	NONE () Change (X) Addition NONE, NONE NONE CALLAHAN, FL 320119304 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT J. TYNER DPTS 03/29/2007