

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000044078

1. Entity Name

AJ'S SEABLASTER II, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 28 PM 4:22



Principal Place of Business  
116 HIGHWAY 98 EAST  
DESTIN FL 32541

Mailing Address  
P.O. BOX 1715  
DESTIN FL 32541

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-0897980

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILPATRICK, WILLIAM G JR  
1104 EGLIN PARKWAY  
SHALIMAR FL 32579

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**  
**Make Check Payable to Florida Department of State**

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  
NAME  
D  
GOODSON, L  
P.O. BOX 1715  
CITY-ST-ZIP  
DESTIN FL 32540 ☐ Delete

TITLE  
NAME  
800130897118  
06/05/08--01006--019 \*\*438.75  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
D  
LAIRD, HUBERT A  
P.O. BOX 1715  
CITY-ST-ZIP  
DESTIN FL 32540 ☐ Delete

TITLE  
NAME  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

850-837-6450

Daytime Phone #

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