

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 10, 2008 08:00 AM
Secretary of State**

DOCUMENT # P04000057340 1. Entity Name A N J INVESTMENT MANAGEMENT INC	
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Principal Place of Business 28 COLLINGTON CT PAML COAST, FL 32137	Mailing Address 28 COLLINGTON CT PAML COAST, FL 32137
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0939837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGUIDICE, JOE
1515 RIDGEWOOD AVE A
HOLLY HILL, FL 32117

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAHL, ROBERT 28 COLLINGTON CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAHL, LENORA 28 COLLINGTON CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/08-80068-025 150.00

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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: Lenora Stahl 03/02/08 386-446-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #