


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90235 036 \*\*\*150.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # P04000068815</b><br>1. Entity Name<br><b>A. J. LONDON CORPORATION</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>2505 ENTERPRISE RD SUITE 7<br/>CLEARWATER FL 33763</b>  |  |   | Mailing Address<br><b>2505 ENTERPRISE RD SUITE 7<br/>CLEARWATER FL 33763</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc. <b># 1</b>  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc. <b># 1</b>                         |  |  |
| City & State  |  |   | City & State   |  |  |
| Zip   |  | Country   |  | Zip  |  |
| Country   |  | Country   |  | 4. FEI Number <b>20-1421962</b><br>Applied For <input type="checkbox"/><br>Not Applicable <input checked="" type="checkbox"/>        |  |
| 6. Name and Address of Current Registered Agent<br><b>KAVOUKLIS, NIKKI M<br/>114 S PINELLAS AVE<br/>TARPOON SPRINGSD FL 34689</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>   |  |   |  | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees               |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>LONDON, JEFF</b><br><b>2505 ENTERPRISE RD SUITE 7</b><br><b>CLEARWATER FL 33763</b>   | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>LONDON, JACKIE</b><br><b>2505 ENTERPRISE RD SUITE 7</b><br><b>CLEARWATER FL 33763</b> | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |



1st MOORE CR2E034 (10/05)

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:** Jeffrey London 5-2/2006 (727) 797-0011  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #