

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000080182

1. Entity Name
AJ SKINNY'S, INC.



Principal Place of Business
**4810 MILL RUN ROAD
NEW PORT RICHEY, FL 34653**

Mailing Address
**4810 MILL RUN DRIVE
NEW PORT RICHEY, FL 34653**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1146067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DESPOTA, ANDREW F
4810 MILL RUN DRIVE
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE
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 _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DESPOTA, ANDREW F
STREET ADDRESS	4810 MILL RUN DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	VP
NAME	MILLER, JOSEPH M
STREET ADDRESS	18104 MISTY BLUE LANE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	DESPOTA, MICHAEL J
STREET ADDRESS	4810 MILL RUN DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80065-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael J Despota 4/26/06 (727) 847-5354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #