

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000103358

Entity Name: AJW SERVICES, INC

FILED
Oct 21, 2005
Secretary of State

Current Principal Place of Business:

3041 NE JACKSONVILLE ROAD
#5
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

3041 NE JACKSONVILLE ROAD
#5
OCALA, FL 34479 US

New Mailing Address:

P.O. BOX 1569
OCALA, FL 34478 US

FEI Number: 20-1349869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD-WIGGINTON, ALLISON M
3041 NE JACKSONVILLE ROAD
#5
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ALLISON ARNOLD-WIGINTON, LMHC

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ARNOLD-WIGGINTON, ALLISON M
Address: 3041 NE JACKSONVILLE ROAD, #5
City-St-Zip: OCALA, FL 34479 US

Title: TREA () Delete
Name: ARNOLD-WIGGINTON, ALLISON M
Address: 3041 NE JACKSONVILLE ROAD, #5
City-St-Zip: OCALA, FL 34479 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ARNOLD-WIGGINTON, ALLISON M
Address: P.O BOX 1569
City-St-Zip: OCALA, FL 34478 US

Title: TREA (X) Change () Addition
Name: ARNOLD-WIGGINTON, ALLISON M
Address: P.O BOX 1569
City-St-Zip: OCALA, FL 34478 US

Title: VICE () Change (X) Addition
Name: WIGGINTON, JAMES S JR
Address: P.O BOX 1569
City-St-Zip: OCALA, FL 34478 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLISON ARNOLD-WIGGINTON, LMHC

Electronic Signature of Signing Officer or Director

PRES

10/21/2005

Date