


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000109608

1. Entity Name
A & J FABRICATION, INC.



Principal Place of Business 654 SE JIM LAND ROAD MAYO, FL 32066 US	Mailing Address 654 SE JIM LAND ROAD MAYO, FL 32066 US
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DO NOT WRITE IN THIS SPACE



09012006 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0643520	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

**LAND, AUBREY P JR.
 654 SE JIM LAND ROAD
 MAYO, FL 32066**

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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 reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE P,VP	NAME LAND, AUBREY P JR.
STREET ADDRESS 654 SE JIM LAND ROAD	CITY - ST - ZIP MAYO, FL 32066
TITLE S,T	NAME LAND, AUBREY P JR.
STREET ADDRESS 654 SE JIM LAND ROAD	CITY - ST - ZIP MAYO, FL 32066
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP

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09/07/06-800011-0224150.00

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: _____ **9-1-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #