

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2005 90004 024 **130.00

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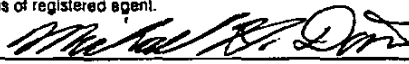
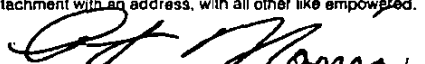
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05 JUN 27 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUN 27 2005



DOCUMENT # P04000156320			
1. Entity Name A.J. JOB PRO INC			
Principal Place of Business 270 DIRKSON DR DEBARY, FL 32713 US		Mailing Address 270 DIRKSON DR DEBARY, FL 32713 US	
2. Principal Place of Business		3. Mailing Address 107 W. WISCONSIN AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 14	
City & State		City & State DE LAND, FL	
Zip	Country	Zip	Country
32720-4255	US	32720-4255	US
5. Name and Address of Current Registered Agent ANDERSON, DARIA 270 DIRKSON DR DEBARY, FL 32713		7. Name and Address of New Registered Agent Name MICHAEL H. DAVIS Street Address (P.O. Box Number is Not Acceptable) 107 W. WISCONSIN AVE SUITE 14 City DE LAND FL FL Zip Code 32720-4255	
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  MICHAEL H. DAVIS 6/17/05 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 Due by September 7, 2005		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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, ALLEN 270 DIRKSON DR DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALLEN NORRIS 270 DIRKSON DRIVE DEBARY, FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALLEN NORRIS 270 DIRKSON DRIVE DEBARY, FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ALLEN NORRIS 270 DIRKSON DRIVE DEBARY, FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  ALLEN NORRIS, PRES. 6/17/05 (386) 734-2622		Date Daytime Phone #	