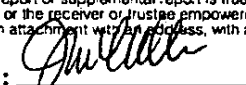


FILED
Apr 12, 2005 8:00 am
Secretary of State

03-16-2005 90043 048 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000158535			
1. Entity Name AJS INC			
Principal Place of Business 5348 SE 15TH CT OCALA, FL 34480		Mailing Address 5348 SE 15TH CT OCALA, FL 34480	
2. Principal Place of Business 3620 NE 175th ST. RD.		3. Mailing Address P.O BOX 637	
Suite, Apt. #, etc. CITRA, FL		Suite, Apt. #, etc.	
City & State CITRA, FL		City & State CITRA, FL	
Zip 32113		Country MARION	
Zip 32113		Country MARION	
4. FEI Number 27-0109987		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEHEW, JACK A 3820 NORTHDAL BLVD SUITE 205D TAMPA, FL 33624-1881		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  JAMES L. CLEMENS PRES. 3-14-05 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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P CLEMENS, JAMES L 5005 SE 33RD TERRACE OCALA, FL 34480		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition 5348 SE 15th CT. OCALA, FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition D ELISE L. CLEMENS 5348 SE 15th CT. OCALA, FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:  JAMES L. CLEMENS PRES 3-14-05 352 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			