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	Mailing Address
5348 SE 15TH CT OCALA, FL 34480	5348 SE 15TH CT OCALA, FL 34480

66009579

03102005 Chg-P CR2E034 (10/03)

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: ~~32113~~ 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 NORTHDALE 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: [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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5348 SE 15th CT. OCALA, FL 34480	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELISE L. CLEMENS 5348 SE 15th CT. OCALA, FL 34480	☐ Change ☑ Addition
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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: [signature] JAMES L. CLEMENS PRES 3-14-05 352 595-4271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #