
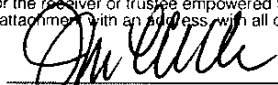


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90108 014 ***150.00

DOCUMENT # P04000158535					
1. Entity Name AJS INC					
Principal Place of Business 3620 NE 175TH ST RD CITRA, FL 32113 US			Mailing Address PO BOX 637 CITRA, FL 32113 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 27-0109987	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEHEW, JACK A 3820 NORTHDAL BLVD SUITE 205D TAMPA, FL 33624-1881			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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: CLEMENS, JAMES L STREET ADDRESS: 5348 SE 15TH CT CITY-ST-ZIP: OCALA, FL 34480			<input type="checkbox"/> Delete		
TITLE: D NAME: CLEMENS, ELISE L STREET ADDRESS: 5348 SE 15TH CT CITY-ST-ZIP: OCALA, FL 34480			<input type="checkbox"/> Delete		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			<input type="checkbox"/> Delete		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			<input type="checkbox"/> Delete		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			<input type="checkbox"/> Delete		
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			<input type="checkbox"/> Delete		
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: 			1-11-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			352 214-7102		
Date			Daytime Phone #		