

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158535

**FILED
Jan 04, 2008
Secretary of State**

Entity Name: AJS INC

Current Principal Place of Business:

3620 NE 175TH ST RD
CITRA, FL 32113 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 637
CITRA, FL 32113 US

New Mailing Address:

FEI Number: 27-0109987 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEHEW, JACK A
3820 NORTHDALD BLVD
SUITE 205D
TAMPA, FL 336241881 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLEMENS, JAMES L
Address: 3365 SE 25TH AVE
City-St-Zip: OCALA, FL 34471

Title: D (X) Delete
Name: CLEMENS, ELISE L
Address: 3365 SE 25TH AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLEMENS, JAMES L
Address: 2311 S.E. 22ND LOOP
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L.CLEMENS

P

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date