

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90049 048 \*\*\*158.75

DOCUMENT # P05000031293

1. Entity Name

AJ'S BEDS & FURNITURE, INC.



Principal Place of Business  
12950 STARKEY ROAD  
LARGO FL 33773

Mailing Address  
12950 STARKEY ROAD  
LARGO FL 33773



AJ's Beds & Furniture  
12950 Starkey Rd.  
Largo, FL 33773  
727-588-0406

3. Mailing Address

Suite, Apt. #, etc.

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 55-0891817

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWDER, JR., DAVID  
305 S. DUNCAN AVENUE  
CLEARWATER FL 33755

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 JOSEPH A. ROMMEL

Signature, typed or printed name of registered agent and title if applicable.

*Joseph A. Rommel*

(NOTE: Registered Agent signature required when reinstating)

4-22-07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete  
NAME ROMMEL, JOSEPH A  
STREET ADDRESS 12950 STARKEY ROAD  
CITY-ST-ZIP LARGO FL 33773

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME ROMMEL, JOSEPH A  
STREET ADDRESS 12950 STARKEY ROAD  
CITY-ST-ZIP LARGO FL 33773

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph A. Rommel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07 727-224-4780

Date

Daytime Phone #