2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000087876

1. Entity Name
AJM PRECISION MARINE SERVICES, INC.

Principal Place of Business	Mailing Address
3790 SPRINGHILL CIR PALM HARBOR, FL 34684	3790 SPRINGHILL CIR PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE

02182008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-3025889	Applied For
	Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERCIER, ALBERTO J
3790 SPRINGHILL CIR
PALM HARBOR, FL 34684

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IN THIS SPACE

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, 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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000845035 03/13/08-80026-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MERCIER, ALBERTO J
STREET ADDRESS	% 3790 SPRINGHILL CIR
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   02/28/08   727-781-9857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #