## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000127387

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HOLLAND, MI 49424

MORRISSEY, LISA L

CLEARWATER, FL 49424

10251 38TH ST.

() Delete

Entity Name: A J PRODUCTS CORPORATION

FILED Apr 12, 2006 Secretary of State

Entity Nar	me: AJPRO	DUCTS CORPORATION					
Current Principal Place of Business:				New Principal Place of Business:			
	DGEVIEW LN ARLOTTE, FL						
Current Mailing Address:				New Mailing Address:			
14518 BRIDGEVIEW LN. PORT CHARLOTTE, FL 33953				P.O.BOX 381264 MURDOCK, FL 33938		US	
FEI Number: 59-2279432 FEI Number Applied For ( ) FEI N			FEI Num	ımber Not Applicable ( )		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
14518 BRI	., DONALD D DGEVIEW LN ARLOTTE, FL						
	named entity e of Florida.	submits this statement for th	ne purpose of	f changing i	ts registered	office or registered agent,	or both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered	Agent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	SCHEPEL, DC 14518 BRIDGE			Title: Name: Address: City-St-Zip:	SCHEPEL, DC 14518 BRIDG		
Title: Name: Address: City-St-Zip:	SCHEPEL, AN 14518 BRIDGE			Title: Name: Address: City-St-Zip:	SCHEPEL, AN 14518 BRIDG		
Title: Name: Address:	D ( SCHEPEL, DE 257 TIFFANY :			Title: Name: Address:	D (X SCHEPEL, DE 257 TIFFANY		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HOLLAND, MI 49424

MORRISSEY, LISA L D

CLEARWATER, FL 33762

10251 38TH ST.

(X) Change ( ) Addition

SIGNATURE: DONALD D SCHEPEL P 04/12/2006