


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90832 043 ***158.75

DOCUMENT # P0600028157			
1. Entity Name ASJ MANAGEMENT, INC.			
Principal Place of Business 3080 C THARPE ST TALLAHASSEE, FL 32303 US		Mailing Address 3080 C THARPE ST TALLAHASSEE, FL 32303 US	
2. Principal Place of Business - No P.O. Box # 1630 Old Bainbridge Rd Suite, Apt. #, etc. # E		3. Mailing Address 3440 CANTEN CT Suite, Apt. #, etc.	
City & State Tallahassee		City & State Land O Lakes FL	
Zip 32303	Country USA	Zip 34639	Country USA
6. Name and Address of Current Registered Agent BALLARD, BRIAN 3080 C THARPE ST TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name: Brian Ballard Street Address (P.O. Box Number is Not Acceptable) 1630 Old Bainbridge Rd # E City: Tallahassee FL Zip Code: 32303	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P BALLARD, BRIAN 3080 C THARPE ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S BALLARD, BRIAN 3080 C THARPE ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Brian K. Ballard</u>		Date: <u>4/24/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	