



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90001 049 ***158.75

DOCUMENT # P06000041242 1. Entity Name AJ WIEDEMAN, INC.																											
Principal Place of Business 130 LINWOOD PLACE #1 ORMOND BEACH, FL 32174 US		Mailing Address 130 LINWOOD PLACE #1 ORMOND BEACH, FL 32174 US																									
2. Principal Place of Business - No P.O. Box # 130 Limewood Place Suite, Apt. #, etc. Unit 1 City & State Ormond Beach, FL Zip 32174 Country Volusia		3. Mailing Address 130 Limewood Place Suite, Apt. #, etc. Unit 1 City & State Ormond Beach, FL Zip 32174 Country Volusia																									
																											
		02262007 Chg-P CR2E034 (12/06)																									
		4. FEI Number 20-455 0457																									
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WIEDEMAN, AMY JO 130 LINWOOD PLACE #1 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 130 Limewood Place, Unit 1 City Ormond Beach, FL Zip Code 32174																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">WIEDEMAN, AMY JO</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">130 LINWOOD PLACE #1</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">ORMOND BEACH, FL 32174</td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	WIEDEMAN, AMY JO		STREET ADDRESS	130 LINWOOD PLACE #1		CITY- ST- ZIP	ORMOND BEACH, FL 32174		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2">130 Limewood Place, Unit 1</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">Ormond Beach, FL 32174</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME	130 Limewood Place, Unit 1		STREET ADDRESS	Ormond Beach, FL 32174		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: <u><i>Amy Jo Wiedeman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/26/07</u> Daytime Phone # <u>386/290-9813</u>																									